

the
**Psilocybin-Assisted
Therapy
Guidebook**

— *for* —

Consumers

Learn how to use psilocybin to improve mental health

Written and created by the:



**PSILOCYBIN
ASSISTED
THERAPY
ASSOCIATION**

Table of Contents:

Table of Contents:	1
Statement of Intent	3
Who should use this Guidebook	3
Components of this Guidebook	3
Introduction	4
Important Definitions	5
What is Psilocybin	6
Historical Perspective	8
The Psilocybin-Assisted Therapy Association Model	10
Microdosing	12
Why PAT (Psilocybin-Assisted Therapy)	13
Benefits and Side Effects of using Psilocybin	14
Benefits	14
Side effects of psilocybin	15
Components of PAT	16
Preparation	16
Set and Setting	17
The Experience	19
Sourcing	21
Experience day checklist	23
Integration	23
Supported integration	23
Why use a Licensed Mental Health Professional (LMHP)	25
Non-licensed supports	25
Identifying a Psychedelic Friendly LMHP	27
PAT Without a Licensed Mental Health Professional	28
Types of Psychedelic Practitioners	30
Why use one	30
Oregon Psilocybin Services (OPS) Facilitator	30
Why a facilitator	31
What to look for in a facilitator to achieve best outcomes	32

Psilocybin-Assisted Therapy Association's PAT Guidebook for Consumers

Where to find one	33
Our recommendations for using a facilitator	33
Other Psychedelic Practitioners	33
Why a non-OPS practitioner	34
What to look for in a practitioner to achieve best outcomes	35
Friends and family	35
Why a friend or family member	35
What to look for to achieve best outcomes	36
What they need to know	36
Our recommendations for using friends or family	36
On Your Own	36
Why on your own	36
How to achieve best outcomes	36
Our recommendations for being solo	37
Types of conditions and situations to be addressed	38
How does PAT help	38
Expected Outcomes: generalized anxiety, major depressive disorder, suicidality, OCD, trauma, substance abuse/dependence, eating disorders	39
Schizophrenia, Bipolar, dissociation, paranoia, and panic	40
Life-threatening illness or terminal diagnosis	40
Self-Exploration and recreational use	41
Spiritual Exploration	41
References	43
About the Authors	44
Lisa Ritter, LPC, CIMHP - Clinical Director and Founder	44
Jason Burdge, MNA - Executive Director and Founder	44

Statement of Intent

The Psilocybin-Assisted Therapy Association believes that everyone deserves safe access to psilocybin to use for their personal goals whether the intent of using the substance is for recreational use, exploration, or therapeutic.

The intent and the purpose of this Guidebook is to educate consumers on Psilocybin-Assisted Therapy (PAT) and the value of including Licensed Mental Health Professionals in their process when appropriate.

We acknowledge that there are many different types of psychedelic-assisted therapies. Depending on the type of psychedelic used, the therapeutic approach may differ. Our focus is solely on psilocybin-assisted therapy. If you are interested in other approaches we encourage you to conduct additional research.

Many different provider types and organizations are available to assist with a consumer's goals. We respect and value all types of providers who practice safe and consumer focused services using psilocybin.

Who should use this Guidebook

This information is designed for new consumers who are interested in learning more about how psilocybin can be used in their mental health goals. We believe that consumers who are looking to achieve the quality of results reported in most clinical trials should strongly consider incorporating psychedelic-informed Licensed Mental Health Professionals.

For this Guidebook, we are focusing on those interested in PAT for mental health and who want to achieve outcomes similar to research. Not all psilocybin experiences require a LMHP, and the use of one will be determined by the consumer's personal choice.

We recognize there may be a difference between someone using psilocybin for personal growth and someone wanting PAT for mental health specifically.

This Guidebook can also be used by any consumer to learn more about the options available, and any professional who is in a position to support the consumer but wants more information on how to do that.

Components of this Guidebook

The core focus of this guidebook is to help educate consumers on when and how PAT should be used, teach the components of a PAT session, and provide information on how supports other than Licensed Mental Health Professionals (LMHPs) can be included in the facilitated use of psilocybin. The information being provided may be best suited for those largely unfamiliar with

the use of psychedelics for treatment or exploration, but it can be used by any consumer interested in or intending to use psilocybin.

PATA believes in the healthy use of psilocybin and respects all practitioners and consumers not focused on traditional "western" therapy.

Introduction

The Psilocybin Assisted Therapy Association (PATA) is a national 501(c)3 nonprofit organization focused on promoting the advancement of psilocybin-assisted therapy (PAT). Based out of Oregon, we aim to empower consumers and therapists to make the best decision on how to use psilocybin*, a powerful natural substance, to reach the consumer's personal mental health goals.

Mental health is important. Whether your goals are to further personal self-growth, overcome anxiety/depression or PTSD, assist with substance abuse recovery or smoking cessation, aid with issues around death and dying, or address disordered eating, **our goal is to help empower you to make the best decision for you.** Our program and information are data driven with the sole intent of making a psilocybin session the most productive for you.

Our goals:

- Inform and advocate the general public about PAT
- Reduce the stigma of using psilocybin, the active ingredient in "magic mushrooms," in general and as a therapeutic modality
- Provide clinical resources and information to consumers and mental health therapists

We believe that psilocybin as a natural product has an extraordinary ability when consumed to help individuals with issues such as trauma, depression, and anxiety to achieve clinical improvements most consistently when facilitated by trained mental health therapists.

We acknowledge that consumers may also want to use psilocybin and other psychedelics without licensed mental health therapists. Our model below is intended to be an option for consumers as they explore how psilocybin can be used.

This Guidebook describes how the experience of using psilocybin can be conducted in multiple ways. We explore the most common options below identifying the pros and cons of each.

Neither this guide nor the use of psilocybin is intended for use in a crisis. If you are experiencing a mental health emergency, meaning you are actively considering suicide or potentially life-threatening self harm, please reach out by calling 911 or the national 24-hour suicide hotline (dial 988 in the U.S.A.), or visiting a local crisis service center where people can help you immediately.

Important Definitions

Throughout this Guidebook and in our other resources we use certain terms that may not be familiar with you. We encourage you to read through these definitions first to better understand the materials presented.

Licensed Mental Health Provider (LMHP): An adult who is licensed by a mental health board to provide mental health therapy/counseling, has a minimum of a master's degree (graduate school) education, and can be someone who has completed a doctorate (PhD or PsyD) in a psychology-related field.

Psychedelic Practitioner (PP): These individuals are those that are available to be with you during your PAT or psilocybin session. We do not include licensed mental health professionals in this group if they are acting in their professional capacity as LMHPs.

Consumers: At PATA we define this as any member of the community who wishes to learn about the consumption of psilocybin mushrooms for therapeutic purposes.

Harm Reduction: An approach to treating those with alcohol and other substance-use problems that does not require patients to commit to complete abstinence before treatment begins. Instead, an array of practical strategies is deployed to reduce the negative health and social consequences of substance use, and psychotherapy aims to change behavior according to the goals of each patient, whether that means moderation of use or complete abstinence.

Preparation: The period before *set and setting* in PAT where you may discuss why you're considering psilocybin, what you want to know or resolve, and create goals for your experience.

Set and Setting: A phrase that basically refers to your mindset and your environment prior to and during the psilocybin experience.

Integration: Processing and understanding the thoughts, feelings, and insights gained while using psilocybin.

Oregon Psilocybin Services (OPS): In November of 2020, Oregon voters passed Measure 109 that directs the Oregon Health Authority (OHA) to regulate and license Psilocybin Services.

Schedule 1 Drugs: Defined by the DEA as substances or chemicals with no currently accepted medical use and a high potential for abuse.

Spirituality: At PATA we define spirituality as the connection of yourself to something that is greater than the self. Examples include religious deities, the universe, nature, etc. Spirituality does not have to be related to religion.

What is Psilocybin

By definition, psilocybin is a natural product found in over 200 forms of fungus. It is a hallucinogenic alkaloid obtained from the fungus family *psilocybe* with the most common species being *psilocybe cubensis*, otherwise known as “magic mushrooms.”

Psilocybin mushrooms are entheogens: a chemical substance, typically of plant origin, that is ingested to produce a non-ordinary state of consciousness.

Psilocybin is quickly converted to psilocin by the body after ingestion. Psilocin has mind-altering effects that are similar in some aspects to those of LSD, mescaline, and DMT. All of these substances have been used by indigenous communities for millennia for a variety of purposes related to healing, growth, spirituality, and religion.

Note: Psilocybin is considered a Schedule 1 illegal substance nationally. **Local decriminalization laws do not legalize psilocybin or supersede national laws. Decriminalization means a once banned drug is still prohibited by law but the legal system may not prosecute a person for possession under a certain amount.**

Each psilocybin experience can be a rewarding and life-changing experience, but can also carry real risks if not taken seriously.

By utilizing the information in this Guidebook, consumers can maximize the probability of having a positive experience, and minimize the risk of a "bad trip."

Psilocybin is the primary psychoactive ingredient found in magic mushrooms, and a few species of magic truffles. Magic mushrooms flourish on every continent except Antarctica, and are easy to grow indoors. Magic truffles are the subterranean part of certain types of magic mushrooms, and are legal in the Netherlands where they are sold openly in gift stores and “smart shops.” Several nonprofit organizations and pharmaceutical companies are also creating synthetic psilocybin.

Research is still in its infancy but early and pilot trials suggest that psilocybin can:

- improve our emotional states
- reconnect us with nature
- help people overcome alcohol and nicotine addiction
- alleviate depression, anxiety, cluster headaches, obsessive-compulsiveness, and anorexia
- increase levels of creative thinking, empathy, and wellbeing
- encourage a greater appreciation for art, music, and nature
- generate lasting awe for existence

Mushrooms sprout from a vast underground mycelial network, which acts as nature's highway, providing communication and connections between individuals (e.g. trees) in an ecosystem. When we ingest these psilocybin mushrooms, we may awaken to the interconnectedness of everything: our emotions link with memories, our physical bodies, spiritual realms, our families, our communities, and nature. Furthermore, similar to mycelium's function in decomposing dead organisms and recycling them into new lifeforms, mushrooms may help break down various tensions, traumas, and toxicities in our own systems so they can be transmuted into positive emotions and states of mind.

*Psilocybin connects us with our natural inner healing intelligence,
which knows what's best for us.*

Psilocybin connects us with our natural inner healing intelligence that knows what is best for us. This medicine can rewire our minds and emotions to be positive, open, and even joyful. Having evolved and survived for more than a billion years, mushrooms can help address the mental health crisis that grips our country and world.

Historical Perspective

As Michael Pollen pointed out in his book *How To Change Your Mind*, the individual desire to change consciousness can be found throughout history in nearly all societies and cultures. How that is done varies from use of mind-altering substances, to meditation and breathing techniques, to experiencing mind-altering events such as a solar eclipse or sweat ritual. People choose the ways that are the most meaningful, intriguing, or accessible to them. **Not every way of exploring one's consciousness is right or beneficial for every person, and psilocybin may or may not be the best way for you.**

In the early 1900s long before psilocybin was known in the Western world, Harvard psychologist and philosopher William James explored what we might call mysticism today in a published and edited series of essays called, *The Varieties of Religious Experience*. In it, he outlined **four mystic qualities** or features of alternate states of consciousness:

- 1) the *noetic*: people feel convinced they have been given insights, illuminations, revelations
- 2) the *ineffable*: the experience cannot be described but must be directly experienced in order to be understood
- 3) the *transient*: the experience and its "high" are temporary, and
- 4) the *passive*: the feeling as if one's "own will were in abeyance, and indeed sometimes as if [one] were grasped and held by a superior power." (Pollen, 2018).

While William James did not have psilocybin available to him, he used other substances (such as nitrous oxide) to experiment with alternate states of consciousness. He was a pioneer in many things, not the least of which was his role in developing the modern field of psychology. It is no surprise that this famous thinker was instrumental in developing ideas on "higher" consciousness, and acknowledging the desire to change and explore it as typical human nature.

Maria Sabina is the medicine woman who is known for introducing non-indigenous, white, Western/European people to psilocybin in the early 1950s. Referring to psilocybin mushrooms as her "holy children," in her cultural tradition they were intended solely for healing. She began to note with concern that non-indigenous people did not follow this custom, using mushrooms instead to "find God" (Kabil 2017). The word *entheogen* derives from Greek meaning "becoming divine within," and the search for divinity is not "bad" or outside of psilocybin's greater historical use. However, once the swarms of people descended on her village asking to take psilocybin mushrooms, it did not take long before she saw they were not all seeking to find God. They sometimes did not seem to know what they were seeking.

Whatever your goal is with psilocybin use now, it's advisable to remember its roots in sacred and protected ritual and respect its powerful potential for extremely meaningful and lasting growth, learning, and healing.

Albert Hoffman, the Swiss chemist who first created synthetic psilocybin (and LSD) when offered it by that very same first white traveler to Maria Sabina, had experiences with psilocybin

that were hopeful and awe-inspiring. Though not a religious person, he believed in a divine spirit, stating he felt it impossible to have all that exists without the plan of a divine intelligence. He also described having the worst psychedelic trip of his life on psilocybin, which was “lonely” and “terrible.” (Horgan 2010). He proposed the reason that psychedelics may “attack the spiritual center of the personality, the self,” and that he both wished people could explore it in “meditation centers” one day and also feared this would lead to a “forbidden transgression of limits.” Other modern researchers and investors, like psilocybin manufacturer George Goldsmith, have echoed this sentiment, envisioning centers in natural settings where people can have supported experiences to treat a range of mental health concerns (Pollen 2017).

In the 1960s, heading more toward today's Western-oriented enthusiasm for psilocybin, the former Harvard psychologist, professor, and psychedelics researcher, Timothy Leary, proclaimed, “I learned more about my brain and its possibilities and more about psychology in the five hours after taking these mushrooms than in the preceding 15 years of studying and doing research in psychology.” His unfettered belief in it as always beneficial, while remarkable, may be more characteristic of the privileged and unique man himself than of psilocybin in reality.

Leary and his counterpart, Richard Alpert (now known as Ram Dass), had influence in popularizing the use of psychedelics in the U.S., but they also may have helped spur a negative countermovement by the U.S. government that culminated in a “war on drugs,” used both then and now to target certain individuals and negatively impact BIPOC and low-income communities. **A subsequent development in the 1970s criminalized the use of many psychedelics, starting an era of prohibition that continues to this day.**

Fast forward to today's post-pandemic resurgence of psychedelics in the above-ground arena in the U.S., which is not the first resurgence, and with careful attention and some luck, may continue. As of this writing, there are at least 99 ongoing clinical trials exploring the effects of psilocybin (Fultinavičiūtė 2022). Johns Hopkins University is a key institution and has even created their own Center for Psychedelic and Consciousness Research. Others in the research field include Yale, UC Berkeley, NYU, Washington University (St. Louis MO), Mass General Hospital, and the Universities of Arizona, Connecticut, and Texas (Austin).

We have contemporary stories and documentaries to watch, too: Amazon's Prime's “Nine Perfect Strangers,” a series featuring a wellness guru who offers her own mix of psychedelic therapy; Louie Schwartzberg's “Fantastic Fungi,” a top viewed documentary on Netflix; and Michael Pollen's 2018 book *How to Change Your Mind* book and 2022 documentary series by the same name, to list a few. News shows like Vice and PBS Nova also have dedicated investigations into psychedelic therapy. These popular references to using psychedelics for growth and healing are drawing more attention to psilocybin (*mostly* positive).

If you look, you'll find no shortage of information to help you in your own search for why and how to consider psilocybin as a personal tool for your own purpose. In fact, **there is so much information that this guide was created to help narrow down the scope and provide as much concise yet complete high-quality information as possible.**

The Psilocybin-Assisted Therapy Association Model

The PATA Model is a consumer focused example that demonstrates how Licensed Mental Health Professionals (LMHPs) can be legally involved in consumers' Psilocybin Assisted Therapy (PAT) experience to achieve the best mental health outcomes, regardless of where they live. Psychedelic practitioners (PP) in our model are defined as non-LMHP professionals whose focus is to be with you during psilocybin administration.

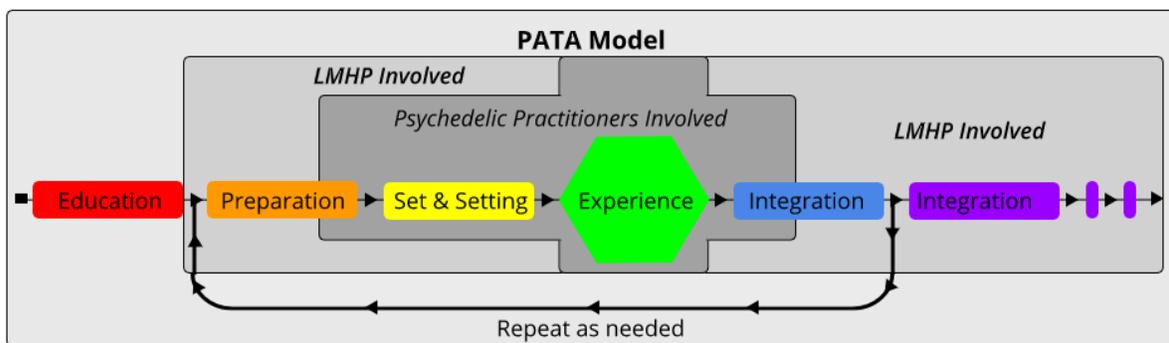
Background

The public is becoming increasingly interested in how psilocybin can be used in their mental health journey. However, because psilocybin is still illegal and the structure of PAT has only recently been defined through clinical trials, we have created a model to show consumers, their care team, and LMHPs how PAT can currently be used.

Clinical trial models are designed to research and identify specific outcomes and often use processes that cannot be duplicated outside of the trial. The results of most PAT clinical trials show **consumers involving LMHPs in their preparation, day-of experience, and post-integration experience, and the results that come from that structure may have greater results than consumers who do not include LMHPs.**

However, due to ethical licensing limitations, people solely licensed as **LMHPs may not be able to participate in an experience directly. Outside of clinical studies, psilocybin remains federally illegal regardless of local or state decriminalization laws.**

The Model



PAT can be divided into five primary areas:

1. Educating yourself about an experience
2. Preparing for the experience
3. Identifying the Set & Setting
4. The Experience
5. Integration (& potential repeating of the experience)

LMHPs can be involved in all aspects except #4 - The Experience.

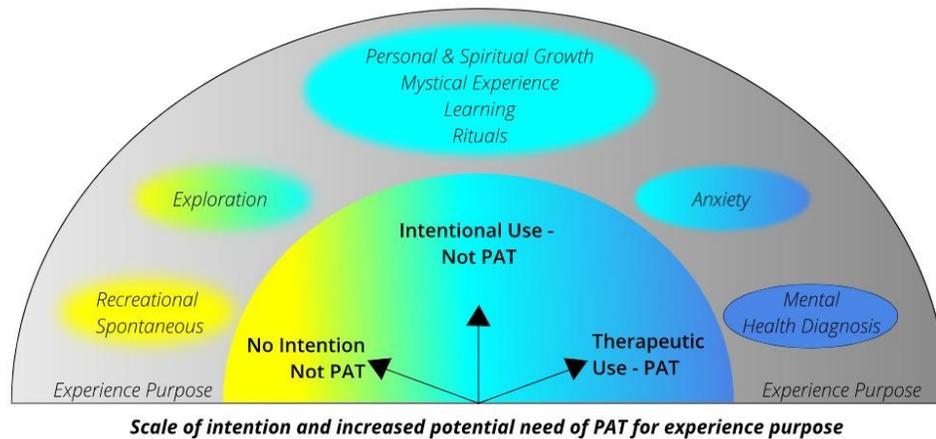
For optimal safety and outcomes consumers can utilize a type of PP in the day-of experience.

Types of Consumers and Need for LMHPs

We have identified key types of consumers and related the increasing need of including LMHPs to achieving the optimal mental health results. Intention refers to what a consumer's primary objectives or goals are when using psilocybin.

Type of consumer and intent of psilocybin use:

1. No/low Intention consumer- experienced user focusing on recreational use for personal development
2. Intentional consumer- using psilocybin to address specific issues and those unfamiliar with psilocybin. Intentional consumers may or may not involve LMHPs. Common groups include:
 - a. Spiritual growth
 - b. Addressing specific mental health issues, symptoms, or diagnoses
 - c. New consumers- Unsure what they want or what to get out of using psilocybin
 - d. Combination of above
3. Therapeutic users - using psilocybin with LMHPs to overcome a diagnosis and end-of-life users addressing a terminal illness



This graphic demonstrates how the need for LMHPs to be involved increases with the consumer's intention of psilocybin use. This increase also correlates to the increased need for a sitter. For those who fall further to the right on the PAT scale, integration with an experienced mental health professional may provide the best opportunity to use the learning enhancement window that psilocybin seems to create, while also being the best way to ensure the most ethical, trained, comprehensive, and even financially affordable support.

Conclusion

We encourage all consumers and their care team to understand how and when LMHPs can be included in their PAT session(s) and how that decision may impact expected mental health outcomes. While LMHPs may not directly participate in the experience itself, various types of psychedelic practitioners are available to assist.

Microdosing

This very brief introduction to microdosing is intended to provide education only, and we encourage you to research it further to determine if microdosing is for you.

A discussion about psilocybin would not be complete without mentioning microdosing. While you may discover a wealth of anecdotal evidence about it, there is less research showing the effectiveness of microdosing than there is on higher doses. Nonetheless, there are at least two widely known and used “protocols” developed by very different but very knowledgeable experts in the field: Dr James Fadiman and Paul Stamets.

Both protocols do not require other types of providers to be involved and dosage amounts should not make you feel altered, **thus the approach is not considered psilocybin-assisted therapy, on which this Guidebook focuses.** However, we do recommend integration sessions with a LMHP if you are looking to overcome mental health issues.

A microdose of dried psilocybin mushrooms is generally considered as between 100-400 mg, and a protocol includes a schedule or cycle comprising days on (when psilocybin is consumed) and days off (no psilocybin).

According to the Fadiman Protocol, which is the most widely known guide, a microdose is taken once every third day. Fadiman explains this developed as a research protocol to 1) show people the difference in effects (e.g. day one of ingestion should feel different than day two or three) and 2) prevent the mushrooms from becoming ineffective through overuse.

Another protocol to consider is the “Stamets Stack,” devised by mycologist and renowned psilocybin expert Paul Stamets. In general, Stamets “stacks” or combines psilocybin with other substances that may enhance their effect, including niacin and another mushroom called Lion’s Mane, in a four week cycle consisting of four days on and three days off (or “transition days”).

As with any other substance or effort to improve one’s own health, PATA is not recommending the use of either of these protocols any more than we are recommending that you take larger doses of psilocybin.

“But the biggest thing we might have learned is that these powerful medicines can be dangerous—both to the individual and to the society—when they don’t have a sturdy social container: a steadying set of rituals and rules—protocols—governing their use, and the crucial involvement of a guide, the figure that is usually called a shaman.”

~Michael Pollen

If you are considering microdosing, please note there is a potential link of ongoing microdosing to heart disease. **We encourage anyone on medications or who is concerned about side-effects to consult a psychedelic friendly pharmacist or medical professional.**

Why PAT (Psilocybin-Assisted Therapy)

We are using the acronym to stand for psilocybin-assisted therapy. This is different from psychedelic-assisted therapy, which is a general term that includes all forms of psychedelics (psilocybin, LSD, mescaline, iboga, etc.) and even some substances that are considered to have psychedelic properties but aren't classified as such (e.g. MDMA, ketamine).

Our intention is to clarify and promote the role that mental health therapy and a licensed mental health professional can take as an integral part of using psilocybin.

We believe in the consumer's inherent wisdom and guidance. Consumers can choose whether to have a facilitated experience (when someone else is assisting in an experience) and with what type of person they share their process. We emphasize that, when mental health therapy IS part of the psilocybin experience, **only licensed mental health professionals can provide mental health treatment and therapy.**

In Oregon where Psilocybin Services (described below) have been created, it is possible there will be problems with licensed mental health therapists participating in the administration of psilocybin. **Currently, it is unknown whether a board-licensed mental health therapist, dual-licensed as an OPS facilitator, will be considered as acting unethically if they administer psilocybin to a therapy client.** The FDA did grant psilocybin breakthrough therapy status, and it is even estimated to be approved by 2025. Psilocybin Services is a way to access psilocybin outside of the healthcare system. However, the Oregon Board of Licensed Counselors and Therapists, Oregon Board of Psychology, and the American Psychiatric Association do not yet endorse psilocybin use as a mental health treatment. While an approach called "harm reduction" can be used as an ethical way for therapists to work with people actively using substances, psilocybin is still illegal. **Local decriminalization laws do not legalize psilocybin or supersede national laws.**

PAT is a relatively new concept, and is under development and review. As of now, it is either 1) a research-only method, conducted at an approved hospital or other institution by a team of medical and mental health professionals, or 2) a "harm-reduction" method used in mental health therapy, by including whatever substances are used in the client's life by their own choice, without the goal of abstinence. Harm reduction can also mean that collaboration is required between people in different roles in the client's life, whether that is a licensed therapist, facilitator or trippitter, any involved medical professionals, and/or others.

We have used existing psychedelic-assisted treatment models across the U.S. and globally to inform us in the creation of the PATA Model. At this time, the majority of models include:

- Preparation session(s) - at least one but ideally several initial session(s) before the dosing session (your therapist, facilitator, and/or guide are a part of this);
- Dosing session(s) - at least one session of up to eight hours length in which psilocybin is ingested and experienced in the presence of at least one but sometimes two

dose-facilitators (outside of approved research locations and studies, licensed therapists are unable to be present during this part of the model); and

- Integration sessions - therapy, in essence. This is the area where having a licensed mental health professional can be the most helpful.

While a licensed mental health professional may not be able to conduct your dosing experience, they can be involved in all other aspects of PAT.

Benefits and Side Effects of using Psilocybin

First, before outlining the components of our PAT model, let's briefly get into some of the benefits and risks of psilocybin use to promote mental health.

Benefits

Psilocybin is a natural, plentiful substance, the harvesting of which does not strain ecosystems or reduce availability of traditional medicinal plants and substances in indigenous communities. Other natural psychedelics, like mescaline, peyote, and iboga, among others, are sacred plants that are not prolific and may grow in areas where indigenous communities live in balance with the plants, and where cultivation and harvesting by outsiders is not appropriate or welcome.

Psilocybin also does the least physical harm to the body compared to other drugs. While some may experience nausea for a short period after ingestion, there are few other known side effects and contraindications or even a known overdose amount. Of the top twenty drugs/substances listed in the drug harm ranking graph below (Nutt, King, & Phillips 2010), note that psilocybin is in the lowest rank on the list while alcohol tops the list as the most harmful.

Drug Harm Ranking Graph

The therapeutic value of psilocybin is documented. Research, while early, shows that psilocybin mushrooms produce mystical experience, reduce symptoms in treatment resistant depression, and reduce anxiety in the end-of-life stages. It has also been shown in numerous and growing anecdotal studies and surveys to promote insights and assist with integrating new information. While still unproven, it is believed this is because ingestion of a significant amount of psilocybin **may increase neuroplasticity for a period of time after ingestion.**

Seekers of PAT will vary in their reasons, but generally those seeking relief from anxiety, depression, substance abuse, trauma, and eating disorders can benefit, sometimes greatly. It is thought this is due to the increased neuroplasticity or readiness for learning after administration, but it may result from this and/or other factors that are still unknown. **Results are relatively rapid when compared to talk therapy or other controls and have been shown as equal or better than the widely used antidepressant escitalopram (Carhart-Harris et al, 2021).** PAT appears to have great promise as an intensive kind of "learning course" for students of healing, recovery, and personal growth.

Therapists who appropriately promote or provide PAT will be offering their clients another viable option to healing, recovery, and personal evolution.

Side effects of psilocybin

In general, the effects of a significant dose of psilocybin include euphoria, visual hallucinations, changes in perception, a distorted sense of time, and perceived spiritual experiences.

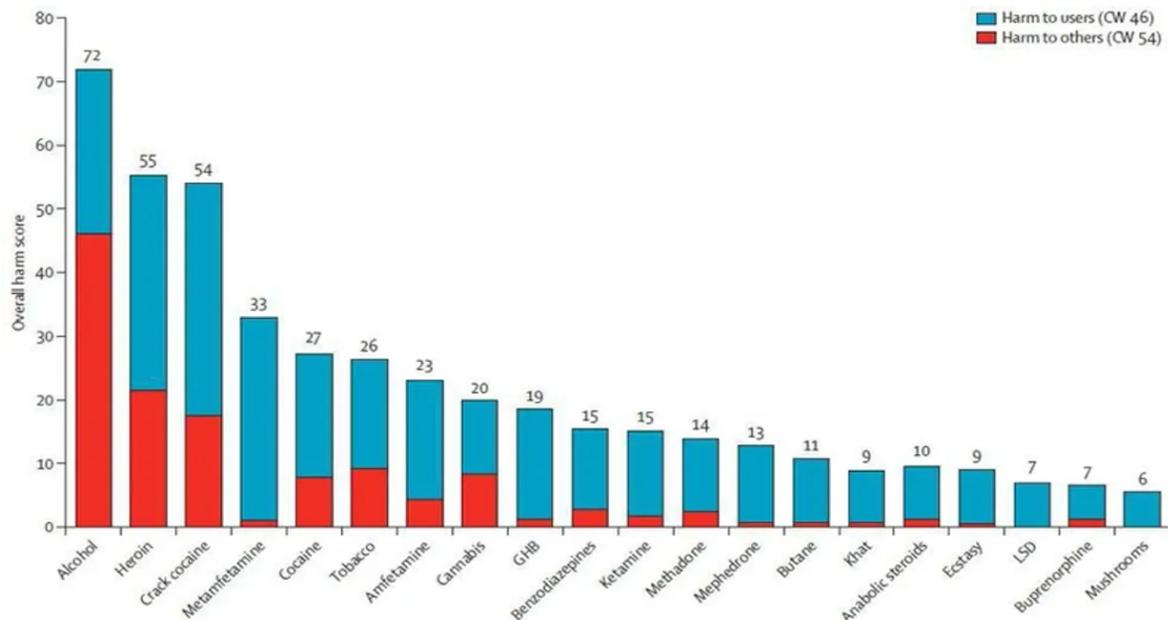
Psilocybin has been shown to provide "unprecedented positive relief" of anxiety and depression, as well as "positive benefit in treating both alcohol and nicotine addiction" (Nichols 2016).

Psilocybin has no known addictive characteristics, though an argument could always be made for psychological reliance on any substances or medicines to treat ongoing distress.

Adverse physical reactions, if they occur, are mostly short in duration. Various sources say that psilocybin, as well as all psychedelics and even marijuana, may have longer-term detrimental psychological effects (e.g flashbacks that "may be like a living nightmare") in a small number of cases.

Upon taking psilocybin, the consumer may experience nausea, upset stomach, and/or vomiting. These effects are usually short-lived. Vomiting, while uncomfortable, is not an uncommon occurrence for those consuming various psychedelics. Once this has occurred, stomach issues usually dissipate.

Finally, **if you are taking medications or other substances, it is vital that you clear this with your prescriber or consult a professional** like a psychiatrist, psychiatric nurse practitioner, or pharmacist, to discuss potential negative or harmful contraindications, which do exist with psilocybin.



Components of PAT

As previously mentioned, psychedelic-assisted treatment models tend to include:

- Preparation sessions
- Dosing sessions, and
- Integration sessions

This information provides guidelines that will help you maximize the probability of having a safe, positive, and life-affirming psilocybin experience while minimizing the risk of having an unpleasant or traumatizing one.

Preparation

If you have never tried psychedelics or have fears about it, it may be extremely helpful to talk this through. Moreover, there may be mental health or emotional aspects, of which you may be aware or unaware, that can affect your potential for having a productive, positive, or non-harmful experience. **A psychedelic friendly LMHP is the best and most specifically trained to assess and identify these aspects and help you distinguish between common and restrictive concerns.** A facilitator, tripsitter, coach, or other paraprofessionals have widely varying abilities and understanding of mental health and how psilocybin can affect it.

With a licensed therapist, preparation sessions can be ongoing for some time. Most therapy starts with an assessment, so in this case you may discuss why you're considering psilocybin, what you want to know or resolve, and create goals for your experience. Some goals could be to target a specific theme in your personal history (e.g. love, regret, jealousy), cope better with a symptom (e.g. worry, obsession, perfectionism) or understand a past or present situation or relationship. **A LMHP is qualified to diagnose, if applicable, mental health conditions that complicate results and have higher risks for long-term adverse effects (e.g. schizophrenia, bipolar, or any of the personality disorders).** Except for medical doctors and nurse practitioners, no one else is qualified to do this.

LMHPs are experts in this kind of assessment, as well as treatment planning. The beginning of mental health therapy almost always includes planning for change: identifying the parts or steps you want to take toward a desired future, the barriers or related considerations, and how you'll eventually reach your target. This planning time may be informal and occasional. It may be combined with ongoing therapy or sought out exclusively for PAT. In any case, you still get to participate in how long it takes to prepare and plan. Preparation sessions can be used to create an overall structure that includes psilocybin use, but also incorporates other goals and parts of your life as the larger context to further explore.

In addition to thinking about *set and setting* (explained further below), you should think about whether any physical conditions exist and if these could potentially lead to a negative or harmful experience. If you are unsure, please discuss this with an appropriate person (friend, family

member, therapist, healthcare professional, etc) and ask questions. **We strongly suggest reviewing your medications with a psychedelic-informed pharmacist or your prescribing physician to determine if there could be any complications with psilocybin.**

Other important topics are:

- The legality and issues of sourcing and using psilocybin in your area
- If you are pregnant or breastfeeding
- If you have any disabling medical condition including but not limited to cardiovascular disease, hypertension, aneurysm, or a life-threatening or terminal illness

The more you can educate yourself about taking psilocybin and what the experience may be like, the better chance you have of having a positive experience from which to learn and heal.

Set and Setting

“Set and setting,” a common phrase basically refers to your mindset and your environment prior to and during the psilocybin experience. According to one online directory of psychedelic-friendly professionals and resources, this non-psychedelic part of the process is “essential for both effectiveness and safety” (from the “Psilocybin Assisted Therapy Guide,” www.psychedellic.support).

Why would this be essential? **Because having a good set and setting can mean the difference between a productive and healing experience or a disturbing and potentially harmful one.** The more you create the environment you want, both internal and external, the better the chance of having an experience that can lead to improved mental health or feelings of well-being.

The authors of The Psychedelic Experience: A Manual Based on The Tibetan Book of the Dead state:

“[T]he drug dose does not produce the transcendent experience. It merely acts as a chemical key - it opens the mind, frees the nervous system of its ordinary patterns and structures. The nature of the experience depends almost entirely on set and setting.”

Set, or mindset, can include one’s personality traits, expectations, mood, hopes, fears, and intentions for the experience. *Setting* refers to the immediate surroundings (indoors, outdoors, your house, a facility, etc.) and greater context (social, economic, and cultural influences) in which you are experiencing psilocybin.

Historically, set and setting were controlled through ritual. Songs or chants may have been used, dances or other meaningful physical movement practiced, a ceremony or set of behaviors in a certain order performed, or an altar of meaningful and symbolic objects created. These are just some ideas to consider. In more formal settings such as research trials, there may be limits on what can be included (e.g. being outdoors or having unrestricted movement within the area).

While you'll always have more control over your mindset, the *setting* in clinical trials and some psychedelic facilities is often controlled and limited. Usually the consumer is encouraged to lie down with eye coverings and listen to a headset playing preset music. These may guide and hone an experience but they are not the only or necessarily best practices for taking psilocybin.

Your setting should be the most safe and comfortable possible for you.

Consider lowering your expectations as much as possible before you experience psilocybin. In other words: go with the flow. Depending on the amount and type of mushroom, as well as on your subconscious, **you will not always be able to direct your experience consciously.**

Setting your intentions may point you in a direction, but ultimately and eventually you may have to let go. As pioneering psychologist Bill Richards wrote in his popular *Flight Instructions for Psilocybin Journeys*: "If you experience the sensation of dying, melting, dissolving, exploding, going crazy etc. — go ahead. Experience the experience."

Environmental considerations if you will not be in a facility

In Oregon, if you are using psilocybin outside of a licensed facility, you get to decide whether you want to be inside or outside. A familiar indoor place (e.g. your bedroom or living room) may allow a more introspective state of mind while providing a greater sense of safety and insulation from unpredictable elements (people, machinery, weather, sounds, etc.). On the other hand, a safe outdoor environment can help you connect with the vastness and beauty of nature. If available to you, a setting that provides the benefits of both indoor and outdoor spaces may be ideal.

One of the potential side effects of taking psilocybin is challenges with body temperature regulation. Preparation again is the key, spend some time making sure you have the clothing, blankets, and any other items that make you feel comfortable available for you before your experience. You may not be in the physical, mental, or emotional state to locate these items when on psilocybin.

Also, consider how the space of the experience makes you feel. Cleaning and arranging your environment before your experience can help you stay focused on your intention. Try to remove or adjust anything that may negatively impact your experience. Many individuals create "altars" or place significant items together where you can see them that will help you focus and stay positive and help remind you of your intention(s).

Music

You may wish to prepare a playlist of healing music of at least six hours. Many curated playlists are available on the Internet or a music-streaming service. You are also free to create your own playlists that you can even share with others. **It's best to select music you find comforting, calming, and awe-inspiring.** Popular types are lyric-free, such as classical, Native American flute/drumming/prayers, Ayahuasca *icaros*, Buddhist or Sikh chants, Tibetan singing bowls, Gregorian chants, ambient music, nature soundscapes, *ragas*, and other types of music that will put you in the mood you want to be in.

Along with your musical selection, you may need to decide on headphones or speakers. For higher doses of psilocybin, speakers may be the preferred option because keeping headphones over your ears may prove challenging during some parts of the experience. For that matter, **sometimes silence is exactly what you need, especially if sensory input is overwhelming.**

Art and writing

Psilocybin tends to unlock creative energies so you may want to have art supplies and writing material ready in case you feel inspired to express yourself.

Altars and special objects

You may wish to create an altar or area filled with sacred and meaningful objects. Favorite pictures, plants, paintings, stones, small mementos from people or travels, photographs, stuffies, and other such artifacts can evoke and help you process thoughts and emotions.

The Experience

Experiences of taking psilocybin vary widely. In an informal setting, you'll have the most control over what you do and where you are; however, you may have trouble sourcing psilocybin, dosing correctly, and/or ensuring safety. If the latter is true and you are able to visit or live in Oregon, going to a licensed facility may be the best option for you.

Potential psychological effects of a non-microdose of psilocybin:

- Heightened awareness of of your body and senses
- Restlessness, trouble focusing, disorientation and trouble with short-term memory
- Difficulty with determining what is “real” and perception that the experience won't end
- Anxiety or panic, paranoia, euphoria or a floating sensation
- Visual illusions with eyes open and closed
- Proprioceptive changes (e.g. the body may feel large or tiny)
- Synesthesia (e.g. seeing sounds or hearing colors)
- Experience of merging with the environment/universe
- Time and/or space may seem infinite or nonexistent
- Highly symbolic experiences (e.g. involving religious or mythical signs, symbols, and scenes, perhaps beyond your own personal field of experience or knowledge)
- Regression to a younger age
- Experiences described as mystical, spiritual, or “ineffable” (beyond words)
- Loss of self-identity, ego dissolution
- Perception of losing your mind or going crazy (related to ego dissolution)
- Transpersonal experiences that transcend the limitations of space, time, and the range of your physical senses
- Heightened identification or experience of another person's reality or personality

If you find yourself struggling during the peak of an intense psilocybin experience, remind yourself that everything is temporary and the experience will end. Taking deep,

slow, and continuous breaths may help you through challenging moments. Putting your hands in a meditative or prayer pose or on your heart or belly may also be soothing.

If you have a sitter with you and depending on their style or your prior agreements, you may be able to ask them to give you a hug or hold your hand. You can also ask for help to navigate, breathe or ground yourself. You may find asking for help difficult, so asking and receiving in itself can be healing.

Note: Oregon Psilocybin Services facilitators may be limited in the amount of physical contact or verbal communications that they can have with you while in a session.

Accept discomfort

Some experiencers may feel different types of discomfort during the experience. Anxiety is common during the come-up phase, which may last an hour or so after ingestion. Some sensitive experiencers may feel unpleasant sensations throughout the experience. Nausea and stomachache are the most common side effects of taking mushrooms. Grinding up your mushrooms into fine powder, chewing them extremely well, and/or making a mushroom tea may help you avoid some of the physical unpleasantness. Ginger tea, ale or candies can also alleviate some of the symptoms. The more you surrender, the more you make space for the medicine to work its magic.

Most physical or psychological effects you encounter are natural. However, everybody's situation is different, as there is no way for anyone to assure you that you will not experience a symptom that you feel you cannot or should not handle on your own. Awareness is crucial.

Potential physical symptoms include; Increased heart rate, muscle relaxation, shakes/tremors, jitteriness, stomach cramps, nausea, vomiting, pupil dilation, dry mouth, challenges with temperature regulation, numbness, and drowsiness. All of these are normal and short lived.

If you are worried about your safety or security if you were to experience any of the above while alone, a solo experience is very likely not for you.

Fears and the Unknown

"The fear of the loss of self-control is the central issue amongst all users as their dosage increases." ~ Paul Stamets, mycologist and psilocybin advocate

Most human beings, at least some of the time, will naturally fear the unknown. When using psilocybin, try to stay open to the experience and where your mind might go. Especially if doing this for your first time, know that you may not be in easy control of what will happen in your mind. It is okay to not know what will happen. The comfort zone can feel familiar and reliable, whereas anything outside this zone can feel overwhelming. Those who are willing to let go, and who do not fear their inner environment, seem better prepared to tolerate higher doses.

At certain points during your experience, you may feel confused and notice rapid psychological and emotional changes. You might forget who you are or your memories for a moment. You may worry that you'll remain stuck in this state forever. Because psilocybin is thought to decrease activity in the area of the brain that "houses" your ego-self, these experiences can happen. It's important to release the desire to control and surrender to whatever shows up. Remember that you are safe, and breathe.

As you move beyond your familiar sense of self, you may encounter a sense of emptiness or nothingness. Letting go and surrendering into this feeling may be frightening, but the more you are able to face this feeling, the more likely you will enjoy calm and serenity. Surrendering is difficult and you might find it hard to surrender or accept at times; this is entirely normal. Do your best, and notice if you are resisting or fighting. Noticing these feelings is better than not even realizing them at all. Remember, the intensity will grow, peak, and then it will dissipate.

There is no way to predict exactly what you will see or experience. Some of your experiences may feel alien, other-worldly, and be challenging. During the same experience, you may also experience all-encompassing love, joy, compassion, peace, and gratitude. Face every emotion, state of mind, and sensation with curiosity and accept that it will pass.

Allow emotions

In your experience, you may encounter your hidden strength, innocence, softness, resilience, love, and compassion. You may also encounter painful thoughts, feelings, and impulses that you don't usually allow yourself to see or feel. Shame, guilt, grief, anger, frustration, restlessness, or even suicidal ideation may all come up during your experience. In order to feel whole, open to every aspect of yourself, expand the range of emotions you allow yourself to feel.

Some of the most pivotal experiences can at some points feel overwhelming or challenging. Your experience gives you a chance to fully embrace and release pent-up emotions in a safe way without hurting yourself or others. Emotions may be expressed or released in many ways: yelling, cursing, crying, wailing, laughing, dancing, singing, speaking, writing, making sounds, rolling on the ground, praying, shaking, trembling, punching a pillow, or vomiting. At certain points, some people feel like they have lost partial or full control of the body's movements. Using your own guidance and that of anyone around or available to you if needed, see if you can allow your body to manifest its natural intelligence.

Some people say that there are no bad experiences – only difficult ones, in which old traumas, energies and undesirable patterns come to the surface, stay a while, and then dissolve. With that being said, having the proper set and setting will greatly reduce the chances of having a bad experience. No matter how weird, uncomfortable, or scary the experience gets, again remind yourself that you have prepared for this, you are safe, and the experience will end.

Sourcing

PATA is not recommending or endorsing the purchase of psilocybin or growing mushrooms illegally. All information provided below is for harm-reduction purposes only.

Acquiring your psilocybin may be the most challenging part of preparing for your experience. Where you have your experience will impact how you will attain psilocybin. **Note that no matter where you are in the US, psilocybin is still federally illegal.** Local areas may decriminalize psilocybin but that does not mean you cannot be charged with possession. Decriminalizing psilocybin simply means that this area has passed laws that make possession a low enforcement priority for law enforcement.

Psilocybin mushrooms come in a variety of species that each have their own potency and can vary in perceived effects (visuals, ability to concentrate, body feeling, etc.). Potency and dosage amounts also vary depending on if you are ingesting fresh or dried mushrooms. Similarly, there are different ways of ingesting psilocybin, including eating them fresh/raw or dried, grinding dried mushrooms and mixing with chocolate or another treat, making tea with the whole or dried mushroom, and grinding them to be ingested by capsules to name a few.

If using Oregon Psilocybin Services, your dose will be provided to you at the facility you are using and must be consumed onsite. The cost of the product will likely be high due to regulatory structures placed around growing, testing, transporting, and dispensing the product. The good news with this system is that the psilocybin will be of good quality with a known amount of active ingredients resulting in more consistent dosages.

In the majority of areas, sourcing may be more challenging. Some states have cities that have decriminalized psilocybin and you may be able to purchase it directly from a retailer, facility, or individual. With the exception of Oregon Psilocybin Services, the quality and efficacy of the product may vary as outlined below.

Psilocybin-containing mushrooms can potentially be grown personally by purchasing/attaining spores that are then placed into appropriate mediums for the mushrooms to grow in controlled environments. This process can take weeks to months from inoculation (injecting spores) to harvest and usually require additional materials and knowledge of sanitation. Growing mushrooms may be cost-effective in the long run, especially if you believe you will want more than one session to help with your mental health goals. Information on growing mushrooms should be sought individually and with full knowledge of the potential consequences. The legality of possession of spores varies by state. **Please do your own research and due diligence when deciding to grow psilocybin mushrooms.**

Many strains of mushrooms grow wild, especially in the Pacific Northwest, in the fall and early winter periods. While this may be the cheapest means of acquiring psilocybin, you also greatly increase the chance of harvesting poisonous mushrooms. Great care and training should be ensured if you are harvesting psilocybin mushrooms.

Please visit our website, www.pata-us.org, to learn more about legislative efforts to legalize psychedelics in your area.

PATA is not recommending or endorsing the purchase of psilocybin, growing them illegally, or harvesting them.

Experience day checklist

A checklist to ensure you are fully prepared for your experience.

- Verify dosage
- Clean, declutter and/or arrange your space to your personal needs to remove distractions
- Prepare yourself and your experience location to promote comfort
- Prepare your food and hydration needs during your experience
- Review, contemplate, and write down intentions
- Have art and writing supplies available
- Turn phone off or on silent
- Turn on music, if desired
- Have ginger tea or ginger/peppermint snack available to ease nausea
- Prepare tissues, eyeshades, and a bucket (for spitting or purging)
- Finally, surrender and let go.

Integration

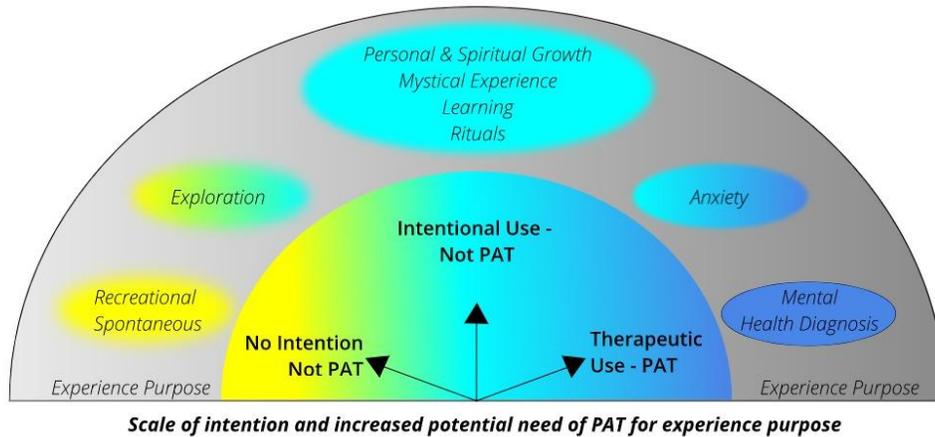
Post-experience integration is processing and understanding the thoughts, feelings, and insights gained while using psilocybin. It is also arguably the most important component of PAT.

Integration at its simplest means that you continue to learn from the experience you had when you took psilocybin. Like the preparation phase of using psilocybin intentionally (as opposed to recreationally), integration can go on for many sessions. These can be debriefing in nature, where the consumer meets with their sitter/facilitator to talk about what happened; highly specific and structured, using a manual or program of debriefing and follow-up sessions that may or may not be therapy; or completely open to ongoing discovery, processing, and psychological integration (i.e. *therapy*).

Psilocybin mushrooms, when enough are taken, appear to enhance neuroplasticity – the precursor to learning and the ability to incorporate new information – for weeks, months, or even longer after ingesting even just once (Calder and Hasler, 2022; Barrett et al., 2020). It is intriguing to note that studies such as these may or may not include ongoing therapy as part of their research findings. This suggests that you're likely to experience ongoing benefits at some level in any case. So when does supported integration make sense, and what could that look like?

Supported integration

The PAT model we describe shows that the more *intentional* your goal is, the stronger is our recommendation to include support; and as you move into the more *therapeutic* goals, the more we recommend your support be a licensed mental health professional (a.k.a. doing PAT).



Supported integration means having someone else be part of your psilocybin process in the period of time after the day you took psilocybin. In Oregon when using OPS, consumers will be offered at least one integration session. This may be a follow up to ensure your safety, one or more debriefing sessions where you can explain to your facilitator what happened during the strongest effects of psilocybin, or both. You may find this helpful as a way not only to talk but also get some feedback from the person who was there with you and can offer a perspective on what they noticed. In other settings, such as with a sitter or friend, you may continue to talk about the experience beyond what happened, still building new insights and perspectives.

Supported integration vs. therapy

Again depending on your level and type of intention, you may want to do more than follow up, debrief, or generally talk and learn about your experience. There are some things to keep in mind as you consider having a support person in the integration phase. In the table below, notice the differences in what can usually be provided or ensured with different psilocybin experiences.

There are clear benefits to having different supports involved. A licensed OPS facilitator in Oregon, for example, can be present at all phases of the experience as well as provide the mushrooms, while a licensed mental health professional without dual licensure as a facilitator cannot. For those who fall further to the right on the PAT scale, however, integration with an experienced mental health professional may be the best bet: the best opportunity to make use of enhanced neuroplasticity, and the best way to ensure the most ethical, comprehensive, and even financially affordable support.

Ethics

As mentioned before, psychedelic practitioners, friends and family members, and even oneself all have widely varying experiences, training, and abilities when it comes to purposeful use of psilocybin. While an OPS facilitator or life coach may have their own code of ethics, only a LMHP can provide mental health therapy and must do so ethically. If a LMHP reaches beyond their scope of practice or otherwise violates the official code of ethics, you can report them to their board and they could have their license suspended or revoked.

Ethical boundaries include the avoidance of physical touch, offensive or abusive language, discrimination, financial exploitation, or anything that could cause harm. LMHPs must receive training and practice for hundreds of hours on how to provide therapy, also known as mental health treatment, with additional training hours every year that have specific parameters (crisis and suicidality response, culturally appropriate care, and hours in specific areas of interest).

Finally, LMHPs must not misrepresent themselves. To do so would be unethical and they are subject to losing their license if found guilty. On the other hand, **all people who are not licensed by a board can represent themselves almost any way they want.** That is to say *a person can call himself a mental health counselor, therapist, or psychologist, while having some, little, or no formal training, education, or experience.* If you want to know if someone is licensed, ask for their license number and consult their state's board, or their NPI (National Provider Identifier) number and look it up at <https://npiregistry.cms.hhs.gov/search>.

+Why use a Licensed Mental Health Professional (LMHP)

Board-licensed mental health therapists are experts in helping people in their personal change and healing process to understand and process trauma, identify and manage symptoms, cope with emotions, gain insight, and integrate new insights and behaviors into their lives. Other ways that board-licensed therapists are best-suited to provide therapy is that they are:

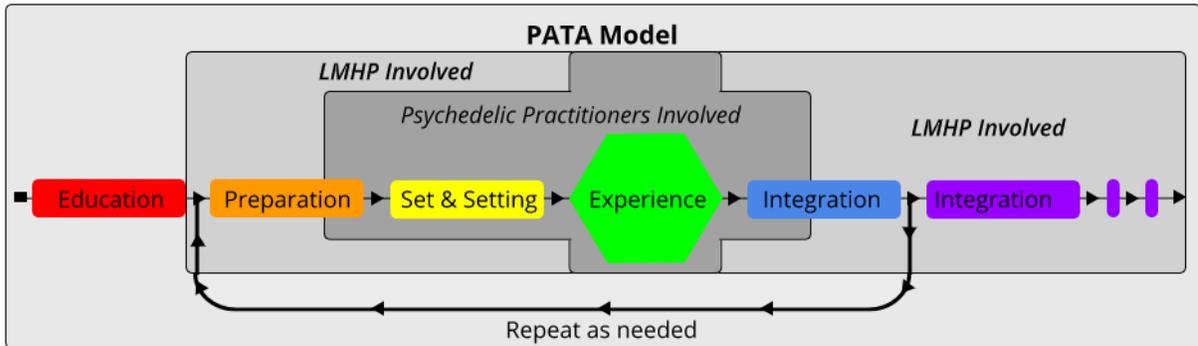
- Trained in mental health assessment and screening for issues
- Experienced in promoting positive/healing mindset and goal-setting
- Required to be able to respond to intense or crisis situations
- Bound by a code of ethics, which includes barring them from misrepresentation
- Experts in helping people process and integrate new information and insights, and
- Practitioners of often numerous mental health service modalities proven effective in treatment

Non-licensed supports

To summarize and clarify the above, the primary differences between incorporating LMHPs and non-licensed supports into a consumer's psilocybin experience are:

1. The legal ability to be present during a dosing session, and
2. The breadth of knowledge and resources available

While a LMHP may not be able to participate in the dosing session and be with you during your 6-8 hours experience, other individuals and psychedelic practitioners can be present. Our PATA Model below further illustrates the process:



The major focus of psychedelic practitioners is preparing for and conducting a psilocybin experience. Their limitations will be around their ability to conduct integration sessions focused on your goals and mental health outcomes and what is appropriate, healthy, and safe for you. Because psilocybin is thought to open up a window of increased neuroplasticity, integration sessions are your chance to make the best use of this window of time for your ongoing benefit.

Be aware that any non-licensed person can call themselves a mental health counselor, therapist, or psychologist, while having some, little, or no formal training, education, or experience.

Identifying a Psychedelic Friendly LMHP

The most important component of finding a PAT friendly Licensed Mental Health Professional (LMHP) is to find a therapist who aligns with your needs and goals. As indicated in our model, any willing, supportive, and ethical therapist may be a part of your PAT. It's the training and modalities that they offer that align with your challenges that will truly bring about the outcomes.

Part of your process, whether you have a LMHP now or are finding one, may be educating them on PAT. LMHPs can support you through harm-reduction, meaning as long as you are not taking psilocybin during your therapy session then the LMHP is not at risk of having their license threatened.

Psychology Today defines harm-reduction as an approach to treating those with alcohol and other substance-use issues that does not require patients to commit to complete abstinence before treatment begins.

This Guidebook was also designed to be shared with your care team to help educate them on PAT.

At this time LMHPs do not have official certifications for any type of psychedelic-assisted therapy supported by licensing boards. However, there are PAT trainings available for anyone to take on various topics as continuing education. These trainings are provided by largely non-regulated organizations or individuals resulting in trainings based on varying approaches. However, any training and knowledge is a benefit and most support the outline presented in our PATA Model. If you are unsure, you can inquire about and investigate any trainings that are listed by the LMHP to see if the approach is something you support. You may even be able to attend the training yourself.

An online directory of psychedelic-friendly professionals (with varying backgrounds) can be found at <http://psychedelic.support> and <https://www.portlandintegrationnetwork.com/>.

At the core, being PAT-friendly does not mean that a LMHP has to have personal experience with psychedelics or want to do them. If you'd prefer they do have personal experience with psilocybin or other psychedelics, that is okay. Your LMHP should at minimum be open to you having the experience, and should understand the benefits that occur post-experience, mainly the increased neuroplasticity, decreased rigid thinking, and importance of integration in general in helping you create goals and start new ways of thinking, doing, and being.

PAT Without a Licensed Mental Health Professional

There are no guarantees with any mental health approach. However, if you have received a professional (medical/mental health) diagnosis, we recommend that you *consider* involving a licensed, psychedelic-friendly therapist in the PAT process in order for you to have the best chance at attaining your goals while retaining your health and improving mental health.

Please note that the majority of published, peer-reviewed, controlled, scientific studies have used a psilocybin-assisted therapy model that includes at least one trained, licensed, PhD-level therapist, and more often has included two such therapists, as well as several preparatory and follow-up sessions.

Our PATA Model, described above, and the chart below indicate the different roles and individuals that can assist you in your PAT experience outside of clinical trials.

The primary takeaway we want you to understand is the difference between psychedelic practitioners, who are directly involved in the day-of experience with psilocybin, and LMHPs, who are trained and licensed specifically to assist with improving your mental health.

The terms therapy, therapist, counselor, and counseling are not protected terms, meaning anyone can claim they are one and/or that they provide mental health therapy or counseling.

While we acknowledge many individuals' inherent wisdom around assisting others in their mental health, there are clear differences in scope of knowledge, training, and professional liability between LMHPs and others providing "therapy." Keep in mind that some psychedelic practitioners may use terms that imply they provide mental health counseling or therapy. The chart below displays the primary differences to be considered.

We encourage you to consider your expected outcomes in determining the team who will be involved in your mental health goals and psilocybin experience. If you are looking for the greatest chances of attaining outcomes that closely resemble what is resulting from the clinical trials, incorporating LMHPs may be your best option for success.

Not using PAT with a psychedelic-friendly and trained LMHP may lead to reduced or different outcomes than those reported in research. **Outcomes from only using psychedelic practitioners throughout the process or conducting your experience solo are anecdotal.** Reading about others' experiences can be informative; just remember they are individual and subjective and may not include personal details that could make a difference in *your* outcome.

Outlined below in the section, "Types of Psychedelic Practitioners," are the major categories of practitioners and their pros and cons.

Psilocybin-Assisted Therapy Association’s PAT Guidebook for Consumers

The graph shows the four categories of psychedelic practitioners that can be used in your psilocybin experience and what they can provide compared to LMHPs. The four types of non-LMHPs include:

1. An Oregon Psilocybin Services facilitator,
2. a non-licensed psychedelic practitioner (life coach, spiritual advisor, underground guide/sitter) with some indication or specialty in working with psychedelics,
3. a friend or family member, or
4. solo/independent use.

What can be provided:	Type of Provider				
	Administrators				
	Licensed Mental Health Professional*	Psychedelc Practitioner Administrators			
	OPS facilitator**	Other Entheogenic Practioners	Friends or family	Self	
Diagnose conditions	Y	N	N	N	N
Trained mental health	Y	N	?	?	N
Operates under a licensing board	Y	Y	N	N	N
Has emergency training	Y	Y	?	?	?
Can focus of spiritual practice	Y	N	Y	?	Y
Advanced degree required	Y	N	N	N	N
Reimbursable session by insurance	Y	N	N	N	N
Grievance review process available	Y	N	N	N	N
Crisis response available	Y	?	?	?	?
Required official Code of Ethics	Y	N	N	N	N
Informed consent only	N	Y	?	?	N
Licensed by OHA	N	Y	N	N	N
Licensed in administration of psilocybin	N	Y	N	N	N
Can sit with consumer during experience	N	Y	Y	Y	N/A
Available for recreational use	N	Y	Y	Y	Y

*Under current laws, licensed mental health professionals are not allowed to administer psilocybin and provide therapeutic services with you during a PAT session while psilocybin remains federally illegal.

**OPS Facilitators are not providing mental health therapy.

Types of Psychedelic Practitioners

Psychedelic practitioners (facilitators, sitters or guides) are the individuals who are present with you during an experience. As outlined below, there are varying levels of experience and background who provide services with different expected outcomes. The type of practitioner you choose should mirror your goal(s) and intention(s) of using psilocybin. They can range from someone who simply is present with you during an experience to someone who will guide you through a ceremony or process. Ceremonies can be spiritual in nature or simply a process they feel works best.

Why use one

The primary objective of a sitter's role is to help you have a positive and safe psilocybin experience. These individuals are mostly educated from accredited and unaccredited institutions on how to conduct psychedelic experiences based on their belief preferences.

Oregon Psilocybin Services (OPS) Facilitator

Facilitators will be individuals over the age of 21 who are licensed by the State of Oregon. Minimum requirements are for adults to have a GED education and have passed the required 120-160 hour training program, which is under development and to be functional on January 3, 2023.

Certified facilitators are not required to have mental health higher education or licensure. Licensed therapists may become facilitators if they complete facilitator training; however, they *may* not be able to legally provide psilocybin services due to psilocybin remaining federally illegal and without any board endorsement.

Be advised: the originator of the measure that resulted in legalizing OPS has stated publicly that OPS is primarily an *informed consent model*. That means that, similar to skydiving or horseback riding, it relies mainly on brief risk assessment and for you to sign a waiver (a.k.a. "informed consent") that you absolve them from responsibility for any harm done. Furthermore, it appears that the waiver may only be discussed in depth after you have met with a facilitator and invested time investigating OPS, which may lead to consumers feeling pressured into continuing services even if they have concerns. Therefore, **we advise you to try to obtain a copy of the informed consent *before* you meet with a facilitator.**

Even if this is combined with a preparation session by a facilitator, relying on informed consent may be insufficient. Using psychedelics can lead to challenging and difficult experiences, so unless you're familiar with psilocybin or simply feel very confident and well-informed, we recommend you don't do it alone and that you learn as much about it as you can.

Are facilitators mental health therapists?

NO. There is no requirement that facilitators be licensed mental health therapists, and a **facilitator license does not equal a mental health professional license.** See the chart above

to see some of the primary differences. These include the ability to diagnose, the level and depth of training and experience, ability and experience in responding to crisis, and potential for insurance reimbursement (which can increase affordability).

LMHPs can choose to become licensed by OPS for psilocybin services. They would then need to be both licensed therapists and licensed facilitators. If they are going to administer psilocybin, they will not be able to concurrently *act* as a licensed therapist, as the role of the facilitator during administration is very different from that of a LMHP. LMHPs operating as facilitators will have to follow the guidelines, regulations and processes of OPS.

What's the difference between a licensed therapist and a licensed facilitator?

LMHPs in Oregon have a minimum of a graduate degree (a bachelor's degree plus master's degree, which is an additional 3-5 years of education) and at least two more years of supervised experience. As licensees, they are already bound by strict guidelines and ethics, trained in screening and assessment, experienced in helping others with goal- and intention-setting, and specialized in helping others integrate new information that facilitates change, personal growth, and reductions in stress and symptoms.

While licensure details can vary, LMHPs generally have at least a master's degree in counseling, counseling psychology, marriage and family therapy, or social work; have undergone an internship of several months; and they have written an extensive paper on a specialty subject of their choice. They complete around two years of post-degree, full-time experience of providing therapy under the supervision of a more experienced therapist-supervisor. Then, licensed therapists must seek around 20 additional hours of education and training every year.

Facilitators, on the other hand, have a minimum requirement of a GED and must be 21 years of age. The certification process contains 120-160 hours of instruction with limited education around mental health issues. Length and details of study varies from program to program.

If you are seeking PAT as a mental health treatment or therapy to treat a diagnosis, a psilocybin facilitator should not and cannot ethically provide this unless they also have mental health professional education and licensure as described above. Again, they may actually not be able to do so while being in compliance with their licensing board, as psilocybin is still federally illegal.

Why a facilitator

OPS facilitators are a good option for those who wish to have a regulated sitter, experience location, and tested psilocybin product. You will be administered psilocybin at a licensed facility with your psilocybin being tested at a licensed growing facility.

The amount and strength of the psilocybin product will most likely be consistent compared to sitters operating independently and underground, where official measures of consistency and potency do not exist.

The location of your experience will have certain emergency and safety precautions in place for the facility to achieve licensure. Facilities will likely be in business-like settings and accessible.

Because facilitators are regulated, your experience will be more consistent across facilitators. They have a required process that must be followed resulting in a more controlled environment.

Oregon Psilocybin Services is composed of three parts or types of sessions as described below:

- The **first** type is the preparation session(s) during which a mental health and risk assessment may be conducted, as well as intention- or goal-setting. **Note that a risk assessment is not a mental health assessment and does not result in a diagnosis, and intention- and goal-setting guidance could vary by facilitator.** The primary purpose of the preparation session is for you to sign your informed consent paperwork, determine if there are any risks as defined by OHA, create any agreements about behavior (e.g. touch, safety protocols), and explain what to expect during the administration session. This meeting may or may not be at the same location as the administration session.
- This is followed by a **second** session where the client is administered and experiences psilocybin at the licensed facility while in the presence of the facilitator. The facilitator will remain with you during the duration of the experience with the primary goal of you remaining comfortable. **The facilitators are not encouraged to verbally prompt or guide your experience while it is happening, and they are not allowed to provide mental health therapy.** The client remains at the licensed facility for the duration of the experience and is released by the facilitator.
- A **third** type of session, the integration session, will occur at a future time to ensure you are safe and not experiencing any adverse effects. A facilitator may discuss your experience with you, but again, they cannot and should not provide mental health therapy. **An integration session through OPS is different from integrating your experience with a licensed mental health therapist (a.k.a therapy)** and may be different from processing with friends or family.

What to look for in a facilitator to achieve best outcomes

OPS facilitators will have varying backgrounds, education, and approaches. They will also be operating out of different types of facilities who may have different approaches and physical settings. Thus, experiences being provided could be very different depending on your facilitator and the location.

We encourage you to do your own research to find a facilitator and facility that meets your needs and comfort level. It's okay to be picky, your experience could be life changing - Find what's right for you.

Some things to consider:

- What is the philosophy of the facilitator?
- How interactive are they?
- How experienced are they in guiding?
- Do they make you feel comfortable and relaxed?
- Do you prefer a certain gender, race, age, or sexual orientation of a facilitator?
- Do you have a location preference (city, country, indoors, outdoors, etc.)?
- What does the actual room you will be in look like and does it meet your needs?
- What are they providing and what do you need to bring (music, food, drinks)
- Find out the total cost for the whole service (prep, administration, and integration for the facilitator and facility).
- How will you get home?
- What are the start and finish times?
- Most importantly, does the whole package and process make you feel safe?

To achieve your best mental health outcomes we recommend coordinating your Psilocybin Services session with your licensed therapist or counselor. The best outcomes for addressing mental health issues may be to have multiple integration sessions with a licensed therapist to help you process your experience.

Where to find one

Facilitators will likely be linked directly to an OPS facility as they are not allowed to operate independent of licensed facilities.

Our recommendations for using a facilitator

If your goals are to achieve specific mental health outcomes, we recommend discussing your interest in using an OPS facilitator with your mental health therapist. Your therapist may provide insights into what type of facilitator could be best for you.

Use the section above to help determine the type of facilitator for you. Due to the program being new, there may be limited facilitators available.

We suggest you weigh the cost of an OPS session in your determination to use a facilitator. There may be other options available that are more affordable and closer.

Other Psychedelic Practitioners

Psychedelic practitioner is a vague term that encompasses all types of guides and sitters that will accompany you during your psilocybin session. While another person being with you during your experience is not illegal, the sale of psilocybin is largely still a criminal offense and psilocybin is federally illegal. Thus, finding a sitter could be easier than acquiring psilocybin.

Some cities have decriminalized the possession of psilocybin, meaning it is not a law enforcement priority. However, purchasing psilocybin is still illegal except when using an Oregon Psilocybin Services (OPS) facilitator at a licensed facility.

Therefore, if you need to find a sitter and acquire psilocybin you may have to look for an “underground” sitter. These individuals usually provide a desired amount of psilocybin depending on what you are looking for in a session.

There is no official licensure, certification process, or educational knowledge required to be a practitioner (besides through OPS in Oregon). Some may have training in certain types of alternative therapy approaches or knowledge of indigenous cultural ceremonies. If you already have your psilocybin then you may be able to find someone more easily.

Disclaimer: The Psilocybin Assisted Therapy Association is not recommending individuals purchase or possess illegal substances. Please research what is legal in your area and abide by local, state, and federal laws.

Types of practitioners and their scope:

- **Life coaches and unlicensed counselors** - These individuals usually have some training in mental health and may advertise they perform psychedelic-assisted therapy. These providers usually have a web and marketing presence but will most likely not provide, or advertise they provide, psilocybin.
- **Underground sitters/guides** - These are individuals with varying degrees of education and experience and may work in the “underground.” They may or may not have a web presence or advertise their services and their approaches will vary depending on their personal philosophy.
- **Ceremonial practitioners** - These guides practice leading a psilocybin session as part of a ceremony that may include indigenous practices or a self-created routine. The goal of a ceremony is to include a spiritual component, and these are usually less focused on specific mental health issues. Often these individuals are a part of a non-secular “church” that uses psychedelics for religious purposes. the use of illegal substances in religious contexts is complex and depends on each state’s unique religious liberty laws

Why a non-OPS practitioner

The primary purpose to use a non-OPS practitioner is to have someone be present with you during your experience and/or to participate in a ceremony focused on experiencing psilocybin.

Unregulated practitioners are not limited in what they can and can’t do during a session. Including discussing and processing your feelings and thoughts, providing physical comfort (hand holding, hugging, etc.), and providing non-Western approaches to mental and spiritual wellness.

Be aware that some practitioners may claim to provide mental health therapy while not having a formal education. See our section above on "Why use a Mental Health Professional" to learn the differences and benefits of using a licensed mental health professional.

Some therapy approaches may not benefit certain mental health diagnoses and can make conditions worse. The practitioners themselves may not have the training or knowledge of how to react to any adverse experiences you may have during your session.

What to look for in a practitioner to achieve best outcomes

We encourage you to do your own research to find a facilitator and facility that meets your needs and comfort level. It's okay to be picky, your experience could be life changing. Find what's right for you.

Things to consider are the same as with a facilitator:

- What is the philosophy of the practitioner?
- How interactive are they?
- How experienced are they in guiding?
- Do they make you feel comfortable and relaxed?
- Do you prefer a certain gender, race, age, or sexual orientation of a practitioner?
- Do you have a location preference (city, country, indoors, outdoors, etc.)?
- What does the actual room you will be in look like and does it meet your needs?
- What are they providing and what do you need to bring (music, food, drinks)?
- Are they providing psilocybin?
- Is consuming or purchasing psilocybin legal in your area?
- How will you get home?
- What are the start and finish times?
- Most importantly, does the process make you feel safe?

Our recommendations for using a practitioner

The two overarching themes when choosing a psychedelic practitioner are fit and safety. Compare what you want to get out of your experience and see if the practitioner fits those needs. Also consider what you need to feel safe before, during and after your experience. The more you can relax and primarily focus on your goals the better.

Friends and family

Having someone you are familiar with and trust may be your easiest and best option, especially if you have financial or trust concerns with using someone you don't know. The main purpose of having a guide/sitter is for you to be safe.

Why a friend or family member

Choosing someone you personally know and trust may allow you to relax more and get the most out of an experience. They also may have more leeway in offering supportive remarks and

touch, especially if that is important to you. You also will likely be able to choose a more familiar location for your experience and trust your sitter in that location. The more relaxed and comfortable you are, the better chance you will have of creating a successful journey.

What to look for to achieve best outcomes

Choose a friend and/or family member with whom you feel comfortable. This individual should feel comfortable with psychedelics and believe in your experience so they do not impart their own goals and feelings onto your experience. Finding someone who you trust and love, and they feel the same in return can be the best guide/sitter.

What they need to know

They should have a basic understanding of psilocybin and an experience. An ideal person should understand the importance of set and setting, what the experience might look like, and how they can positively and negatively impact your experience – and avoid negatively impacting it if at all possible.

Share this guide with others to help educate them if needed.

Our recommendations for using friends or family

This may be one of your best options for having a productive and safe experience, especially if they are open to psychedelics and want to support your goals, and you are in the most comfortable and flexible location(s).

On Your Own

Generally, having an experience on your own should be for individuals who have had previous experiences and feel very comfortable with meeting their own needs independently.

We do not recommend having your first experience on your own. After you understand what taking a significant dose of psilocybin feels like, then you can review your safety and other needs and determine if you would like to venture on your own.

Why on your own

The reason to have an experience on your own will likely be very personal. Again, we recommend only conducting your experience when you feel very comfortable with what can occur. This is often only the case when someone has previous experience with psychedelics.

How to achieve best outcomes

Use the same principles as described earlier and center around safety. Let someone know that you will be consuming psilocybin and what to do if you reach out to them.

Our recommendations for being solo

Make sure that you've attended to set and setting as described previously in this guide, that your location is safe, and that you're likely to have all your needs met during the experience. Set up an emergency contact who understands you, and be prepared to allow them to help you if needed.

Harm reduction

To support your efforts and ensure safety and security as much as possible when using or considering using psilocybin, especially if you and/or the people you are with don't have personal experience with psychedelics, it's highly advisable to seek some kind of guidance and support. Consult an online resource like <http://tripsafe.org>, where you'll find resources such as their "Psychedelic Trip Sitter Guide," as well as information on how to help someone with a challenging psychedelic experience. Also note that the Fireside Project is a non-profit organization and psychedelic peer support line that "provides emotional support during and after psychedelic experiences" by calling or texting 62-FIRESIDE.

Types of conditions and situations to be addressed

Since the 1950s psilocybin has been actively researched to discover its potential benefits and positive effects. These days, research being conducted is often geared toward discovering how effective it is as treatment for certain common mental health disorders or conditions, especially **anxiety, major depression, OCD, trauma, substance abuse, and eating disorders**. Psilocybin is recommended for ongoing, detailed study in all of these cases.

Please note that the Federal Drug Administration (FDA) has not approved psilocybin as treatment for any of them. In the U.S., no psychology, psychiatry, counseling, or medical board has approved or endorsed psilocybin use by the public to treat mental health diagnoses or for any reason; however, all of these boards recognize the need for more and better treatments to improve mental health.

In the United States, some cities and states have made it easier to get psilocybin, but it is not yet legal. Taking psilocybin can be helpful but it is not for everyone or every situation. There can be challenging experiences and, as with any substance, there are contraindications. Therefore, for those with any of the mental health diagnoses listed above, we generally recommend you consider working with a licensed mental health therapist. The research you should read on using psilocybin to improve these conditions usually includes the use of ongoing therapy that surrounds the administration of psilocybin with several sessions of guidance and ongoing treatment, and as such is always performed with licensed mental health professionals and physicians.

Therapists, physicians, and other medical professionals can be licensed in Oregon as psilocybin facilitators, but most of them will not be. If you have no experience with psychedelics and you want to treat a diagnosis that is not mild (e.g. anxiety, depression, trauma, OCD, substance abuse, or eating disorders) with psilocybin, we recommend considering PAT. The training and experience of guides, sitters, and licensed facilitators can range from nothing, to months or years of personal experience, to extensive and broad experience or someone who wears several "hats" (is dually trained/licensed). Refer back to our PAT Model for more information on the most evidence-based method of using psilocybin when you are looking for mental health treatment and/or improved mental health outcomes.

How does PAT help

PAT includes both pre-dose and post-dose sessions to extend the benefits of psilocybin. Preparation (pre-dose) sessions are helpful because it's been found that one's environmental and inner influences can have a significant impact on the psilocybin experience. Thus, preparation can also reduce the occurrence of a challenging experience ("bad trip"). Likewise, integration (post-dose) sessions can be ongoing for as long as weeks, months, or as long as you find benefit, because of research that suggests an enhanced window of neuroplasticity for weeks, months, or longer after even one administration session of psilocybin.

Expected Outcomes: generalized anxiety, major depressive disorder, suicidality, OCD, trauma, substance abuse/dependence, eating disorders

Depression: Psilocybin has been designated by the FDA as a “breakthrough therapy” for long-term depression, meaning there is a nationally recognized benefit and encouragement for further study. Johns-Hopkins University has shown substantial long-term effects, noting that the effects of PAT can last for up to one year (Gukasyan et al 2022). **Suicidality:** In addition, a large multi-year survey on drug use and health has found a lower occurrence of suicidality in people who have used psilocybin (Daniel and Haberman 2018).

Anxiety: one of the first and most promising studies on PAT noted reduction of existential or health anxiety for those with terminal illness (Daniel and Haberman 2018). Research on generalized anxiety continues and shows that people with anxiety report significant reduction in symptoms after one dose of psilocybin, with increased hopefulness and well-being (Raison et al 2022).

Trauma/PTSD: This diagnosis seems to generate the widest popular interest these days and is being studied for treatment with psychedelics, most notably MDMA. While there are no completed and published studies yet, research with psilocybin in particular is currently underway. A few politicians have introduced legislation to remove barriers to research due to its Schedule 1 drug classification, a false designation that labels psilocybin as a substance with no therapeutic merit (Marks 2021), when in fact it has shown great merit and even has the official “breakthrough treatment” designation from the FDA for some circumstances.

OCD: A small study noted “marked decreases in OCD symptoms of variable degrees were observed in all subjects” (Moreno et al 2006), again possibly due to the ability of psilocybin to reduce rigidity of thinking, which plays a major role in OCD.

Alcohol dependence: LSD and psilocybin have long been studied, with a notable small study that found “significant increase in abstinence after subjects had received psilocybin” (Bogenschutz, et al 2014) and more recent findings of “robust decreases in percentage of heavy drinking days” (Bogenschutz 2022). A long-term review has also concluded that psychedelic use is associated with recovery from alcohol and other drug dependence (Hendricks, et al., 2014). There has also been at least one study with more underway about the significant effect of psilocybin on smoking.

Eating Disorders: Because rigidity of thinking also plays a role in disordered eating, psilocybin is a focus of current research for this, such as at the ongoing pilot study to explore PAT at the Imperial College of London, as well as a Johns Hopkins study in recruitment as of late 2022. Both are starting with the condition of Anorexia Nervosa (AN), in which very strict mental and emotional rules may be created about food and eating. AN is also the only known mental health

disorder that produces life-threatening physical symptoms and is therefore in critical need of more and better treatment options for lasting recovery.

Schizophrenia, Bipolar, dissociation, paranoia, and panic

Not everyone who wants to explore more treatment choices for a significant mental health concern is dealing only with anxiety, depression, or other concerns mentioned above. There are many more official conditions and diagnoses, and not all of them can or will be addressed here. However, there are people with debilitating symptoms like paranoia, delusions, hallucinations, panic, and/or dissociation, who in particular should take heed when considering psilocybin.

Dr. Robin Carhart-Harris, psilocybin researcher with the Imperial College of London, has proposed an “entropic brain theory,” based on his work exploring the real-time effects of psychedelics on brain function. Imagine *entropy* to be like chaos, disorganization, and the opposite of *order*. He describes psilocybin as working best with the “low-entropy” brain and issues, where an excess of order and rigidity is the problem (ex. OCD), not high-entropy ones where there is disorder and lack of structure (ex. schizophrenia).

Psilocybin comes into the brain and promotes entropy. It is thought to defocus your sense of self or ego by lowering activity in the default mode network (DMN), which Michael Pollen has described as the place in your brain where, “if it had an address, the ego would live.” Carhardt-Harris described the DMN as the brain’s “orchestra conductor,” “corporate executive,” or “capital city” that is “managing and holding the whole system together.” Symptoms of mania, paranoia, and dissociation can be scary, demobilizing, and difficult to deal with alone. With psilocybin, this infusion of more chaos and a less solid sense of self *could* be too much.

It is unknown whether psilocybin can be very helpful, if at all, to treat conditions characterized by bouts of disorganization or chaos (ex. mania) or ego dissolution (ex. dissociation). For these more intense symptoms and issues, psilocybin may not be the right kind of treatment and needs to be considered carefully. At worst, it may even increase symptoms on a long-term basis. It’s highly important to consult with at least a mental health professional (preferably one who knows you well), and preferably other medical professionals as well as family or friends, if you still want to try using psilocybin for healing or mental health recovery.

Life-threatening illness or terminal diagnosis

One of the very first ways that psilocybin was studied in research settings was for managing life-threatening or life-changing illness, which is often very understandably accompanied by existential distress, anxiety, or both. Even so, experienced researchers such as Charles Grob recognize the uniqueness of this kind of research, describing psychedelic therapy as a form of “applied mysticism” (Pollen 2018). He further acknowledges the limits of purely scientific research because of this uniqueness:

“If we are to develop optimal research designs for evaluating the therapeutic utility of hallucinogens, it will not be sufficient to adhere to strict standards of scientific methodology alone. We must also pay heed to the examples provided us by such successful applications of the shamanic paradigm.”

Going back to William James and his four qualities of “religious” (spiritual or existential) experience, it’s hard to imagine there being a more appropriate situation for this type of contemplation than one in which you face your own quality or length of existence. Whether you think of it as spiritual or religious, existential, or simply a metaphysical contemplation, the *noetic* and *ineffable* qualities of the psilocybin experience may be extremely well suited to help those facing a life-changing or threatening condition. When you think about it, really, the end of life isn’t just a concern for people who have a “terminal” diagnosis, but for every person alive on this planet.

Health and safety are also of relevance and primary importance in any case, but this is especially true when it comes to dealing with a terminal, life-threatening, or life-changing illness. While psilocybin itself has the lowest ranking on the harmful substances scale, it is still a potentially intense experience that may cause emotional and mental distress, and then lead to increased physical distress.

Please read and be very familiar with all potential contraindications for using psilocybin.

These include heart problems, high blood pressure, and potential drug interactions. If you are facing a life-changing diagnosis or illness and you are not familiar with psychedelics, our recommendation is to include medical professionals on your team at minimum, ideally including a LMHP to assist with using PAT to make the most out of your psilocybin experience.

Self-Exploration and recreational use

If there's no problem or significant mental health issue, then you may just want to find out if psilocybin is right for you. Psilocybin mushrooms have been used for centuries by those seeking an inner profound experience. A 2006 peer-reviewed study noted that volunteers who tried psilocybin for the first time ever rated it among the top five spiritually significant experiences of their lives; one third of them rated it the most significant. Enjoy exploring! Visit our website to assist with your self-education.

Spiritual Exploration

“Our normal waking consciousness, rational consciousness as we call it, is but one special type of consciousness, whilst all about it, parted from it by the filmiest of screens, there lie potential forms of consciousness entirely different. We may go through life without suspecting their existence; but apply the requisite stimulus, and at a touch they are there in all their completeness.” William James, The Varieties of Religious Experience

The stimulus that James mentions, for many looking to explore their own spirituality, the meaning of life, and those other things beyond that “filmiest of screens,” can be psilocybin. Psilocybin seems almost made to help us explore consciousness and existence, whether it is done with a LMHP, independently, or with others. **The choice you make about your experience is a personal decision. Our hope is that we have helped you make it as informed and safe of a choice as possible.**

References

- Antrim, A. "Low Dose Psilocybin Found to Have No Short- or Long-Term Detrimental Effects in Healthy Individuals, Viable for Group Administration," 2022. <https://www.pharmacytimes.com/view/low-dose-psilocybin-found-to-have-no-short--or-long-term-detrimental-effects-in-healthy-individuals-viable-for-group-administration>
- Barrett et al. "Emotions and brain function are altered up to one month after a single high dose of psilocybin," *Sci Rep* 10, 2214, 2020. <https://rdcu.be/cWc0e>
- Bogenschutz, M. et al. "Psilocybin-assisted treatment for alcohol dependence: a proof-of-concept study," 2015. (abstract): <https://doi.org/10.1177/0269881114565144>
- Calder, A.E., Hasler, G. "Towards an understanding of psychedelic-induced neuroplasticity." *Neuropsychopharmacol.* 2022. <https://rdcu.be/cWcZQ>
- Daniel, J. and Haberman, M. "Clinical potential of psilocybin as a treatment for mental health conditions," *Mental Health Clinician*, 2018. www.ncbi.nlm.nih.gov/pmc/articles/PMC6007659/
- DEA Drug Fact Sheet: <https://www.dea.gov/sites/default/files/2020-06/Psilocybin-2020.pdf>.
- Fultinavičiūtė, U. "Hope and hype: psychedelic drugs still to prove value in clinical trials," 2022. www.clinicaltrialsarena.com
- Gukasyan et al. "Efficacy and safety of psilocybin-assisted treatment for major depressive disorder: Prospective 12-month follow-up," *Journal of Psychopharmacology*, 2022. <https://journals.sagepub.com/doi/10.1177/02698811211073759>
- Horgan, J. "Doubts about psilocybin from Albert Hoffman, LSD's discoverer," *Scientific American*, 2010. <https://blogs.scientificamerican.com/cross-check/doubts-about-psychedelics-from-albert-hofmann-lsds-discoverer>
- Kabil, A. "This Mexican medicine woman hipped America to magic mushrooms, with the help of a bank executive," *Timeline*, 2017. <https://timeline.com/with-the-help-of-a-bank-executive-this-mexican-medicine-woman-hipped-america-to-magic-mushrooms-c41f866bbf37>
- Marks, M. "A Strategy for rescheduling psilocybin," *Scientific American*, 2021. <https://www.scientificamerican.com/article/a-strategy-for-rescheduling-psilocybin/>
- Moreno, et al. "Safety, Tolerability, and Efficacy of Psilocybin in 9 Patients With Obsessive-Compulsive Disorder," *Journal of Clinical Psychiatry*. 2006. <https://www.psychiatrist.com/jcp/ocd/safety-tolerability-efficacy-psilocybin-patients-obsessive/>
- Nichols, D. "Psychedelics." *Pharmacological Reviews*, 2016. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4813425/>
- Pollan, M. (2018). *How to Change Your Mind: What the New Science of Psychedelics Teaches Us About Consciousness, Dying, Addiction, Depression, and Transcendence* [Kindle iOS version].
- Raison, et al. "Effects of Naturalistic Psychedelic Use on Depression, Anxiety, and Well-Being: Associations With Patterns of Use, Reported Harms, and Transformative Mental States," *Frontiers in Psychiatry*, 2022. <https://www.frontiersin.org/articles/10.3389/fpsy.2022.831092/full#B12>
- Rucker, J., et al. "The effects of psilocybin on cognitive and emotional functions in healthy participants: Results from a phase 1, randomized, placebo-controlled trial involving simultaneous psilocybin administration and preparation," 2022. <https://journals.sagepub.com/doi/10.1177/02698811211064720>
- Spriggs, et al. "Psilocybin as treatment for Anorexia Nervosa," *Frontiers in Psychiatry* 2021. <https://doi.org/10.3389/fpsy.2021.735523>

About the Authors

Primary author:

Lisa Ritter, LPC, CIMHP - Co-Founder & Chief Clinical Officer

Lisa is a University of Oregon alum and licensed professional counselor with over twelve years of counseling experience. As a business owner of a private practice, Lisa is experienced in using EMDR and prolonged exposure therapy for trauma and recognizes that psilocybin-assisted therapy is the next great opportunity for healing trauma, among other things. Lisa implements her own integrative counseling approach, recognizing the importance of all domains of life (mental, emotional, physical, social, and spiritual) to one's personal well-being and evolution.

Lisa has spent most of her professional life in service to others, focusing on adding her voice to that of those most in need of being heard. Her work has included:

- 10+ years in non-profit organizations
- 6 years focus on LGBTQ+ community
- 5 years working in/with homeless shelters, serving unhoused and formerly unhoused families and individuals
- 5 years work with volunteers and donations programs

Her time and work continues to be dedicated to service of the underserved, including people and animals.

Contributing author:

Jason Burdge, MNA - Co-Founder & Chief Business Officer

Jason has over 17 years of non-profit leadership and has a master's degree in Nonprofit Administration. His focus has been on increasing mental health services to underserved communities. Jason is an advocate for foster youth and military veterans to receive services that help them live full and productive lives.

He's changed legislature in Oregon to allow Equine-Assisted Physical Therapy to be covered by OHP and hopes to take the same measure to allow Psilocybin-Assisted Therapy (PAT) to be covered by insurance, making PAT more available to the masses.

Jason has personal experience in using psilocybin to overcome PTSD, depression, and anxiety. He believes using psilocybin with a trained mental health therapist can lead to breakthrough sessions thus allowing clinical clients to live productive lives.

Lisa and Jason extend special appreciation to PATA's Board of Directors and the many professional advisors who have supported our efforts and contributed valuable feedback used to write this Guidebook. Thank you!

The Psilocybin-Assisted Therapy Guidebook for Consumers was created and produced by the Psilocybin-Assisted Therapy Association a National 501(c)3 Non-Profit Organization
Tax ID #87-2987219

All Rights Reserved
© 2022

This Guidebook is a free resource provided by the Psilocybin Assisted Therapy Association.

Please consider making a donation to support this Guidebook remaining a free resource.

For further information and more resources visit
WWW.PATA-US.ORG

Contact:
info@pata-us.org