

Research & Continuous Improvement Committee (RCI) Meeting Minutes:

Location: Microsoft Teams

Date: 01/23/2026

Time: 9:00 am

Organizers: Johnathan Mouchet, Brenda Martinez, Dominick Zurlo, Jorge Gonzales, Carmen Batista, Dr. Robert Truckner, Celina Montoya, Raymond Gallegos, Dan Jennings (Chair)

Attendees: Charles Cordova, Addo Evans, Deb Thorne, Erik Baca, Kate Hawke, James Brown, Eric, Alyiah Doughty, Gregory Evans, Nathan Rosecrans, Ellen Schimmels, Shane McDaniel, Taye Davis, Catherine Warnock, Keyena McKenzie, Marcus Ryals, Matthew, Meredith McBranch, Armstrong, Brett Phelps, Manuel Griego

Minute Taker: Carmen Batista

**This meeting was recorded. For specific details pertaining to the meeting, please refer to the recording located on the Medical Psilocybin Advisory Board Website: [Psilocybin Advisory Board](#)*

Agenda items

1. Welcoming Regards

- The meeting was called to order at 9:02 AM by Chair, Dan Jennings. The Chair welcomed participants and noted this meeting served as both an orientation and the first formal meeting of the Research and Continuous Improvement (RACI) Committee.

2. Introductions

- The Chair first asked DOH to introduce who was present. Then the Chair opened the floor for anyone to share their name role and area of expertise, perspective. Each introduction was provided by the individual member.
- DOH Staff Introductions
 - Dominic Zurlo- Director
 - Jorge Gonzales- Program Manager for the Medical Psilocybin Program

- Brenda Martinez-Deputy Director
 - Johnathan Mouchet-Management Analyst
 - Carmen Batista-Health Educator
 - Dr. Robert Truckner-Medical Director
- Charles Cordova, WCA
 - From New Mexico Workers Compensation Administration, attending because Medical Psilocybin may be covered in workers compensation based on past findings with medical cannabis, looking to set a max reimbursement rate.
- Ellen Schimmel
 - Psychiatric mental health nurse practitioner in Albuquerque, Army Veteran and a clinical professor at Emory University, background in clinical education and applied research.
- Eric
 - From Idaho, for the first time joining this meeting, no affiliations.
- Gregory Evans
 - I am an independent researcher with interests in genetics, analytics, dosage, administration protocols, and harm reduction; focused on research integration, and cross-committee knowledge transfer.
- Alyiah Doughty
 - Doctor of Oriental Medicine in Santa Fe, NM.
- Deb Thorne
 - Doctor of Medical Science and Licensed Medical Provider in Las Cruces, NM. Certified and experienced in psilocybin and ketamine therapy
- T Davis
 - NM resident and advocate, interested in research.

- James Brown
 - Doctor of Pharmacy (University of New Mexico); trained psilocybin facilitator through Oregon's regulated program; expertise in pharmacology, contraindications, drug-drug interactions, and patient safety; veteran with lived experience representing disabled veteran populations.
- Catherine Warnock:
 - Licensed Professional Counselor in Las Cruces, NM; trained in psychedelic-assisted therapy in Canada; over three years of clinical experience in psychedelic care; utilizes structured assessments to screen for contraindications.
- Keyena McKenzie
 - Licensed Naturopathic Doctor and certified midwife
- Shane McDaniel
 - Assistant Psychedelic Assistant Therapy Integration Coach, also an amateur Mycologist, has the necessary equipment to do testing.

3. RACI Norms

- Voting: Only NM residents
 - Disclose any conflict of interest
 - Primary research
 - Reminders
4. Any research recommendations, send via email to medical.psilocybin@doh.nm.gov. Send link no attachments, giving a brief description. Allow 5 to 10 business days for DOH to post on website with the meeting minute notes. Due to legislative session may take longer.

5. Best Practices and Resources

- The Chair briefly discussed thoughts for next meeting on:
 - Outcomes, monitoring, reporting-any recommendations

- Emergency preparedness and response prep
- Community education
- Call for people with expertise on these fields

Public Comment/Questions

- Shane- intentions on tracking
- Deb Thorne- in chat link:
 - https://en.wikipedia.org/wiki/Hallucinogen_persisting_perception_disorder
- James Brown- HPPDD needed to be tracked? What are the interventions? What was the rescue?
- Gregory Evans-What can we do with people's experiences and data? Do we have limitations? Are the resources that we dig into? Can we request funds?

6. Next/ Future meeting date

- The next Committee meetings were suggested for every two weeks. The next tentative being Friday March 6, 2026, at 9:00 am.
- No objections recorded.
- **The Chair confirms the next committee meeting for Friday, March 6, 2026, at 9:00 AM.**

7. Adjournment

- The meeting was adjourned by Chair Dan Jennings on Friday Jan 23, 2026, at 10:57 am.

Minutes submitted by: Carmen Batista, Health Educator NMDOH MCPP

Comments received by email

From: James Brown

Jbrown9@phs.org

Therapeutic Harm Reduction Strategies

While harm reduction can be a way of supporting an individual who experiences substance misuse, it also consists of actions that an individual can take to reduce potential recreational harm. It is important to note that while harm reduction comes in many different 13 forms, not all harm reduction is the same.

Harm reduction within the general psychedelic community most commonly refers to helping clients understand the benefits or risks of the psychedelic substance they have decided to consume, which (in this context) is psilocybin. By providing information and education to clients, they can make informed decisions and hold realistic expectations about what they will experience within their journey (Pilecki et al, 2021).

Since licensed facilitators have boundaries regarding how they can further support the client beyond their journey, harm reduction is focused on providing information during the preparation and integration sessions, building rapport, utilizing empathy and understanding, and being authentic in interactions with the client (Gorman et al, 2021). Within the general therapeutic treatment community, harm reduction is used to describe the idea that therapists will not deny treatment to an individual unless in severe situations where the facilitator would not feel comfortable treating the client; in other words, the therapist is meeting the individual “where they are at” in their treatment. As mentioned previously, the lack of a definition can create variance in training and treatment.

The strategies have been grouped and then themed according to time they are undertaken: (1) Preparatory strategies: knowledge seeking, mindset, setting, safety, body; (2) During the psychedelic experience: emotional support, music, modifying the environment and (3) After the experience (integration). Social setting and motivation for use were two key factors which were found to influence what harm reduction strategies were adopted. The intervention goal was to support users who may be suffering psychological distress during their psychedelic state.

Evaluative measures showed that approximately 50% of all episodes had resolved within 1–5 hours of arrival, suggesting the intervention was helpful for some people in reducing unwanted affective experiences such as fear, anxiety and sadness.

Participants were questioned regarding their use of preparation activities and consulted regarding their opinion on the perceived benefit of the presented preparation and enhancement strategies.

Drug checking as a harm reduction strategy

Presence of an emotional support person during the psychedelic experience emerged as a widely used harm reduction strategy

When applied to psychedelics, harm reduction involves providing accurate information, promoting safety, and supporting individuals before, during, and after their psychedelic experiences—without judgment or condemnation

https://pdxscholar.library.pdx.edu/cgi/viewcontent.cgi?article=8081&context=open_access_etds

<https://pmc.ncbi.nlm.nih.gov/articles/PMC12495836/>

<https://www.sciencedirect.com/science/article/pii/S0278584625002957>

<https://www.oregon.gov/oha/PH/PreventionWellness/Documents/ELSI%20Draft-%20Harm%20Reduction%2012-12-2021.pdf>

Harm reduction practices for psychedelics also include:

- **Journaling** to process and track emerging insights
- **Meditation** to sustain contemplative awareness
- **Creative expression** through art, music, or writing
- **Physical practices** like yoga to embody rather than merely intellectualize understanding

From: James Brown

Jbrown9@phs.org

Emergency Preparedness and Response Recommendations for Psilocybin:

Management Approach

Supportive Care

- Provide a calm, quiet environment with minimal stimulation to reduce anxiety and agitation
- Monitor vital signs continuously
- Provide IV fluids if needed for dehydration
- Treat hyperthermia if present with cooling measures

Psychological Support

- Reassurance and verbal de-escalation for agitated patients
- Avoid physical restraints if possible as they may worsen psychological distress
- Consider psychiatric consultation for severe psychological reactions

Pharmacological Interventions

- For severe agitation or anxiety:
 - Benzodiazepines are first-line therapy
 - Consider lorazepam 1-2 mg IV/IM or diazepam 5-10 mg IV/IM
 - Titrate to effect for symptom control

Complications Management

- For persistent vomiting: antiemetics (ondansetron 4-8 mg IV)
- For severe myalgias: supportive care and hydration [2](#)
- For rare cases of methemoglobinemia: consider methylene blue if symptomatic and levels >30%

Disposition

- Most patients can be discharged after 6-8 hours of observation if symptoms are resolving [3](#)
- **Criteria for discharge:**
 - Resolution of hallucinations and altered mental status
 - Stable vital signs
 - Ability to tolerate oral intake
 - Safe discharge plan
- **Consider admission for:**
 - Persistent severe symptoms
 - Significant psychiatric symptoms
 - Evidence of rhabdomyolysis or other complications
 - Suspected co-ingestion of other substances

From: James Brown

Jbrown9@phs.org

Screening and eligibility

- Diagnosis confirmed with a structured assessment
- Baseline symptom severity documented

- Medical history reviewed with focus on cardiovascular risk and seizure history
- Physical exam completed as needed
- Resting blood pressure and heart rate measured more than once if elevated
- Labs or ECG reviewed if your history suggests risk
- Personal history reviewed for psychosis, mania, severe dissociation and recent crisis
- Family history reviewed for schizophrenia-spectrum disorders, psychotic disorders and bipolar I disorder
- Current suicidality assessed with a clear threshold for exclusion or stabilization first ([UCLA Health](#))

Medication and substance review

- Full medication list reviewed with doses and timing
- Over-the-counter meds and supplements included
- Serotonergic meds discussed with protocol rules and prescriber input
- Lithium and seizure risk topics discussed if relevant
- Stimulants, decongestants, nicotine and high caffeine use reviewed
- Alcohol and sedative use assessed for withdrawal risk
- A plan documented for any taper or washout, with relapse safeguards ([PMC](#))

Preparation plan

- Preparation visits scheduled with clear goals
- Expectations discussed for perceptual changes lasting hours
- Coping skills practiced for fear, panic and loss of control feelings
- A plan documented for personal triggers and grounding techniques
- A written plan for what you want to focus on during the session ([U.S. Food and Drug Administration](#))

Admission Session day plan

- Private room and minimized interruptions confirmed
- Staff roles defined for support and monitoring
- Vital sign monitoring schedule documented
- Nausea, headache and anxiety management plan documented
- Escalation thresholds documented for hypertension, agitation and confusion
- Transport home arranged in advance

- Discharge criteria documented, including no driving until the next day (clinicaltrials.gov)

Adverse reaction plan

- Steps for panic and agitation documented
- Steps for severe hypertension documented
- Steps for suicidality in the days after documented
- Who to call after hours and response time clarified
- When emergency services are used clarified (ScienceDirect)

Follow-up and integration plan

- First follow-up scheduled within a defined window
- Integration visits scheduled and attendance expectations set
- Daily self-tracking plan for sleep, anxiety and mood for at least one week
- Coordination plan with your clinician for medication management and relapse signals
- A plan to avoid major life decisions in the first week written down

From: James Brown

Jbrown9@phs.org

How to Deepen Your Understanding of PSILOCYBIN from a Pharmacist and Veteran

James Brown Pharm.D, Rph & United States NAVY Veteran

DEDICATION OF THIS GUIDE IS TO EVERY MILITARY VETERAN WHO SERVED IN THE
ARMED FORCES AND TO MY FRIEND BRIAN RONALDS

Definition of Psilocybin- a tryptamine alkaloid that is a N,N-dimethyltryptamine carrying an additional phosphorus substituent at position 4. The major hallucinogenic alkaloid isolated from Psilocybe mushrooms (also known as Teonanacatl or "magic mushrooms").

Psilocybin acts as a hallucinogen. It is a fungal metabolite, a prodrug, and a serotonergic agonist. It is a tryptamine alkaloid, a tertiary amino compound, and an organic phosphate.

The name of the genus "Psilocybe" comes from the Greek words "psilos" (bare) and "kube" (head), warped into New Latin to form "psilocybe". Literal translation: to "bare head", most likely referring to their appearance.

Psilocybin or Mycelium is a naturally occurring psychedelic compound or substance found in over 200 species of mushrooms. When ingested, psilocybin may elicit transformative experiences. Those experiences may impact your attitudes, beliefs, personality and how you relate and interact with or to others in the world around you. Psilocybin is a Pro-Drug. Once metabolized in the body, it is converted to Psilocin. Psilocin is the compound that causes Euphoria and Perception-altering properties.

WESTERN MEDICINE

As Western medicine and individuals explore the use of psilocybin and other psychedelic medicines, we must root our knowledge and experiences in these traditional ways. We must respect and preserve these powerful substances and spiritual substances to achieve a more thorough integration of a complete circle healing of the mind and body. We have only begun to understand the potential applications that these powerful substances can have and the benefits that can be achieved with them.

Western Culture removes nature settings from the conversation, and places human control above all else. If we continue to not honor our earth, plants, powerful substances, relatives, and relationships Mushrooms and Psychedelics will never honor humans, and we can never learn the important knowledge and teachings that they have for us. Indigenous populations and cultures focus on the traditional aspects and approaches of physical, intellectual, emotional, and spiritual health. With the increased access and use in the Western Cultures, focus must be put on respecting and preserving the natural plant-based medicines that the World has to offer. Slowing down and preserving the past will help the western cultures to align with thoughts and actions focusing on mindfulness of traditions and a cultural right of passage.

Current researchers must be trained in the arts of using psychedelic medicines to better understand how to formulate their study design, incorporate it into their models, and to complete their work. It is not until they understand and respect the psilocybin and other

psychedelic medicines, that they can truly start to understand how to incorporate them into their research. Researchers can then truly respect and preserve the true bonding and relationship that is needed, and necessary for a complete circle of healing.

Knowledge of the traditional as well as knowledge of the current practices starts with the individual(s) spending their time and efforts to understand and interpret the current research and studies. This will help to achieve a thorough and complete outcome that is able to be documented and shared for everyone to benefit from. Researchers must focus their studies to include both individual as well as group experiences for a more thorough and complete healing to occur. Research must be completed and documented in a way that can cause change and incorporation into current society.

Psychedelics have been used to help restore the in-balance that is created with current societal views and ways of living. It can only be achieved through integration and reflection by the individual or group. Currently humans and society have become imbalanced due to our inability to steward the Earth's resources. We are currently a society of conflict, self-interests, and consumption. We need these powerful substances and medicines to be incorporated into our beings so that we can achieve the higher state of consciousness that we intend to achieve. We are the stewards of the earth, and currently we are unable to steward her due to our own imbalances, unhealed trauma, and the continued exposure to violence and trauma that we experience every day. Psychedelics are a key to unlocking the benefits of achieving a more and complete healthy self. Achieving a more complete self requires the use of mental and physical experiences. We must use psychedelics in combination with other therapies of healing like breathwork, diet, physical and mental activities to achieve a more complete circle of mental and physical healing and wellbeing.

CHOOSE A SUPPORTIVE SET & SETTING

Choosing a space that SAFE, SUPPORTIVE, COMFORTABLE, and TRUSTED will allow for a deeper connection and bonding with the powerful substance. It will also enhance and improve the ability of an individual to heal and overcome the traumas or battles that they are facing. Choosing a space involves both physical and social environments. Consider other factors like sound or music, lighting, and the presence of supportive and trusted individuals. Being SAFE and reducing personal harm is the responsibility of the individual consuming this powerful substance.

Set & Setting

Expectations During Preparation Session: Ensure the session space is private, quiet, and free from interruptions. Arrange a comfortable setup with calming elements such as soft lighting, blankets (weighted), and soothing music. Regularly check the space for hazards, such as tripping risks or unsecured furniture. By addressing these psychological, physical, and environmental risks, facilitators can create a supportive framework for psilocybin sessions, promoting, enhancing client safety and enhancing the potential for positive outcomes. A great space to focus your journey or experience on is NATURE and an OUTDOOR space where you can ground yourself and your thoughts.

SOURCE

Once ingested, the body metabolizes psilocybin to psilocin, which is the primary psychoactive compound (Dinis-Oliveira, 2017). The metabolism of psilocybin involves several enzymes, including aldehyde dehydrogenase, monoamine oxidase (MAO) and various UDP-glucuronosyltransferase (UGT) enzymes. Psilocin acts as an agonist at 5-HT2A receptors in the brain.

5-HT1a receptors are in the limbic system, which is associated with stress. Stimulation helps us with coping. This means resilience, patience, emotional blunting, and stress tolerance. 5-HT2a receptor agonism helps us cope, change and adapt. Psilocybin and Psilocin help us to work through our own issues and situations. By acting at the receptors located not only in the limbic system but throughout the cortex in the human brain, psilocybin and psilocin can cause those changes to occur.

CONSCIOUS-UNCONSCIOUS SELF

SELF role is to ensure that you feel INFORMED, RESPECTED, SAFE, and SUPPORTED throughout your exploration phase with Psilocybin and Psilocin. Allow yourself to use Open and Clear communication to address your personal concerns with empathy. Use Plain, open-ended, and non-technical language and words when describing the effects that psilocybin and psilocin can have on someone. Tailor communication to your individual Needs. Adapt explanations to suit the client's cultural, linguistic, or cognitive preferences. Validate your concerns before and after your journey to allow yourself. During your journey you must remain mindful, adaptable, and compassionate to yourself throughout the session to minimize the risk of re-traumatization.

SELF RULE

SELF rule is to ensure that you feel INFORMED, RESPECTED, SAFE, and SUPPORTED throughout your exploration phase with Psilocybin and Psilocin. Use open-ended, and non-technical language and words when describing the effects that psilocybin and psilocin can have on someone. Adapt explanations to suit your individual cultural, linguistic, or cognitive preferences. During your journey you must remain mindful, adaptable, and compassionate to yourself throughout the session to minimize the risk of re-traumatization.

Structure of SELF Intake Interview:

- 1. Introduction:**
- 2. Health, Medical History, Mental Health, and Safety Assessment:**
- 3. Exploration of Client Goals:**
- 4. Psychedelic History:**
- 5. Triggers and Comfort:**
- 6. Cultural and Social Context:**

FINDING SELF AS A VETERAN

It was not until in my forties, that I returned to my pursuit, exploration, and desire to truly find a plant-based medicine or powerful substance that would change life and other lives forever. I used psilocybin, psychedelics, and other powerful substances in pursuit of a better self. I journeyed alone during these times with the psilocybin and the other powerful substances. I focused my thoughts and actions around the meanings of intent and purpose. Before I began to find a deeper sense of self and purpose. I would take time to organically bond with and respect what the psilocybin had to offer me. I found that psilocybin and other psychedelics had knowledge and power that they needed to share with me as well as the rest of humanity.

GET A MEDICAL HISTORY

Before making any changes to your own medication regimen, consult with a doctor, psychiatrist, or psychedelic medicine specialist. They can provide guidance, advice, and resources that can help you with understanding your individual health risks regarding Psilocybin consumption.

Prior to having an administration session with psilocybin, you will need to spend time to complete and perform a Personal Medical Health screening on YOURSELF to ensure a

proper and accurate medical history is provided and ensure your own personal safety. This includes your personal past and present medical history including all prescription and herbal medications. Understanding your own medical history is an important step in understanding the potential risks that Psilocybin has. While Psilocybin is considered safe when compared to other substances, but there is still a possibility of adverse events and effects to occur such as elevated HR and BP; and increases in anxiety. In extreme circumstances, psilocybin can even cause a heart attack or a seizure.

If you have a current or prior health condition such as hypertension, cardiovascular disease and arrhythmias, seizures, stroke, pregnancy, and severe liver disease, psilocybin can increase your risk potential of having an adverse event or effects. This is because Psilocybin can increase your heart rate, increase your blood pressure, and cause Heart QT prolongation leading to an increase chance of having heart arrhythmias. If you have a history of severe epilepsy or seizures, you should potentially avoid the use of psilocybin because it has been known to increase in the occurrences of seizure in individuals. Having liver cirrhosis or an impaired liver function will affect how psilocybin is metabolized and processed in your body and should be avoided.

Examples of Medical Health Questions to ask yourself include:

- Have you ever had an allergic reaction to consuming mushrooms or other Fungi?
- Are you currently taking any prescription medications, non-prescription medications or nutritional supplements that might need to be consumed during an administration session?
- Have you taken the prescription drug Lithium in the last 30 days?

CELLULAR LEVEL EFFECTS

How does Psilocybin or Psilocin work in your body? Psilocybin or Psilocin binds to a receptor called Serotonin 2A Receptor (5-HT_{2A}). 5-HT_{2A} receptor activation initiates the quieting of the Default Mode Network and the brain connections. The 5-HT_{2A} receptor activation has been shown to play a role in cognitive flexibility. The 5-HT_{2A} receptor activation helps to promote brain plasticity – Brain Plasticity is the ability of the brain to continue to change and adapt based on things like learning, environment, and even damage. Once Psilocybin binds to 5-HT_{2A} receptors in the brain, it exhibits and causes a calming effect, rather than a stimulating effect. Once ingested Psilocybin effects will start within 30 minutes to 1 hour depending on how you consume the substance. There are a

variety of ways to consume psilocybin for your journey or experience. You can use powder, powder capsules, or whole fruit including the caps and stems. The way you consume the Psilocybin or Psilocin will be determined with the intentions you are planning on setting.

WHAT ABOUT DRUG INTERACTIONS?

Psychedelics such as Psilocybin primarily exert their effects by binding to the 5-HT_{2A} serotonin receptors in the brain. SSRIs and SNRIs, on the other hand, increase serotonin levels in the brain by preventing the reuptake of serotonin. Chronic use of these antidepressant medications can lead to down regulation and desensitization of serotonin receptors, particularly the 5-HT_{2A} receptors. If you are currently taking or are prescribed the medication Lithium in the past 30 days, you are advised to avoid consumption of Psilocybin or Psilocin containing products.

Competitive Binding – Is when both antidepressant medications and psychedelics are present in the Synaptic Neuron spaces. Both will compete for the same receptor binding site. Antidepressant medications tend to have a high affinity in binding to the receptor then do psychedelic agents. This will interfere with the ability of psychedelics to bind to the same receptor. This will reduce the binding opportunities for psychedelics and thereby diminish their effects. According to some reports, psilocybin may reduce the perceived effects of alcohol, potentially leading the individual to drink too much. Psilocybin may reduce the perceived effects of alcohol, potentially leading the individual to drink too much. Other anecdotal reports claim that consuming alcohol increases the likelihood of a bad trip on mushrooms or a psilocybin overdose. Additionally, both alcohol and mushrooms that contain psilocybin can cause nausea and vomiting. Combining the two, especially in high quantities, can make you feel sick. You may also experience disorientation and confusion and become dehydrated. Stimulants, which include cocaine, amphetamines, and MDMA, increase blood pressure and heart rate. Psilocybin also has this effect, and the combination can cause potentially dangerous hypertension and tachycardia. In extreme cases, psilocybin and stimulants can cause heart attacks or seizures. These interactions can occur long after someone has taken magic mushrooms, as psilocybin can stay in the system longer than stimulants. Stimulants can also increase energy levels and anxiety, which sometimes can cause unpleasant or scary feelings as a result. Opioids can slow reaction times and cause sedation in individuals. The two together can cause increased sedation or drowsiness. Alcohol can lower your inhibitions. Urges caused by mushrooms might be harder to control, and you could enter into dangerous situations. Marijuana also causes hallucinations, strengthening the experience from mushrooms.

TWO SEPARATE CATEGORIES OF DRUG INTERACTIONS:

1. Drug-Drug Interactions (DD) are when two separate substances act differently when taken together. These can happen because of pharmacodynamics and pharmacokinetics: **Pharmacodynamic** drug-drug interactions can happen when drugs with similar mechanisms of action overlap. These interactions aren't necessarily one substance's effect compiling on one another. They can be synergistic, where the two substances work more strongly together. They can be additive, where one substance enhances the effect of the other. They can also be diminutive, where one substance inhibits the action of the other. **Pharmacokinetic** drug-drug interactions happen when the metabolism or transport of a substance is changed. For instance, CYP liver enzymes can inhibit or increase blood concentrations of substances. And these enzymes can be inhibited or induced by certain substances. The 3 Primary CYP liver enzymes that metabolize Psilocybin into Psilocin are CYP3A4, CYP2D6, and Monoamine Oxidase, with CYP3A4 making up over 60%.

2. Drug-Disease Interactions (DI) are when a drug exacerbates disease conditions, or when a disease interferes with a drug's action

To give you an example of a Psilocybin and Medication Interaction:

Blood thinner medications likely wouldn't affect psychedelic metabolism. But a patient is likely on blood thinners because of a history of cardiovascular disease. They may have a history of clotting or arrhythmia. Patients with these types of health conditions have not been studied in clinical trials and may not be safe for psychedelic therapy.

While medications may not preclude patients from getting psychedelic therapy, their health history still can. This may mean that patients and therapists take on more risks in therapy. Medical history can be a significant factor for determining eligibility for psychedelic therapy. As clinical trials grow and we see patients with more diverse health histories in research studies, we'll know more about specific disease risks.

Conclusions: SSRI/SNRIs appear to weaken psilocybin drug effects relative to a non-serotonergic antidepressant. This dampening effect may last as long as 3 months following antidepressant discontinuation.

TAPERING OFF MEDICATIONS LIKE SSRI OR SNRI's

1. First and Foremost, consult your Psychologist, Medication Provider or Professional, and a Psychedelic Therapist when you are thinking about, or entertaining the idea of. If any adverse symptoms or effects are encountered during the tapering process, you will need to

seek immediate medical attention & consultation. Knowing that you are not alone and that there is support available to help you through this transition and process.

2. The general principle of tapering is to go Low and Slow with gradual reduction. You will want to reduce the dose slowly and over time. Traditional research shows us to taper over a 2-week period for most antidepressants. This will allow the brain to adjust to lower levels of medications and minimize the withdrawal symptoms and effects.

3. You will want to Monitor your Withdrawal Symptoms. This is essential and will allow you to adjust the tapering process and schedule as needed. This also ensures that any severe symptoms or issues are promptly addressed. You will want to Watch for RELAPSE and distinguish it from Antidepressant Medication Withdrawal. When discontinuing antidepressant medications, you may feel or experience symptoms of being overwhelmed such as reduced tolerance to stress, stressful situations, and increased emotional sensitivity. These symptoms are not signs of failure, they are natural responses to the biochemical changes happening within your body. By being able to understand this distinction, you will be able to navigate your journey with greater clarity and self-intentions.

4. This will be an individual approach. This process and schedule should be individualized and on a personalized basis. The process will depend on which type of antidepressant medication that the patient/individual is taking. The dose that the patient is currently taking will matter as well. A key question to ask is WHAT IS THE PURPOSE? The duration of tapering will be affected by the individual's PURPOSE. Is the Purpose amid at Psychedelic Journey or is it amid at complete cessation. Tapering period could last from 4 to 6 weeks, and in some cases as long as 6 to 10 weeks depending on the pt/individuals dose and the length/duration of therapy (ie: Pristiq and Fluvoxamine).

5. Continuing Antidepressant Medication Use After Psychedelic Use. Get Guidance from your Psychologist, Medication Provider or Professional, and a Psychedelic Therapist when you are thinking about, or entertaining the idea of. If any adverse symptoms or effects are encountered during the tapering process, you will need to seek immediate medical attention & consultation.

6. Integration Process and Therapeutic Outcome - evaluate the changes in your mental health symptoms post-psychedelic experiences. Have there been noticeable improvements in mood, anxiety, or other medical/mental conditions that were previously managed with antidepressant medications.

DRUG/DRUG INTERACTIONS CAN CAUSE: SEROTONIN SYNDROME

Serotonin has a direct effect on an individual's mood, hunger, body temperature, sexual behavior, muscle control, and sensory perception. Serotonin syndrome (ie, serotonin toxicity) is a potentially life-threatening condition associated with increased serotonergic activity in the central nervous system. It is seen with therapeutic medication use, inadvertent interactions between drugs, and intentional self-poisoning. Serotonin syndrome may involve a spectrum of clinical findings, which often include mental status changes, autonomic hyperactivity, and neuromuscular abnormalities. The risk of serotonin toxicity is thought to be low in cases of concurrent use of psilocybin with selective serotonin reuptake inhibitors, serotonin-norepinephrine reuptake inhibitors, and mirtazapine; however, utilizing high doses of these psychotropics with unregulated doses of psilocybin may place the patient at an elevated risk of Serotonin Toxicity & Syndrome.

In the central nervous system, serotonin modulates attention, behavior, and thermoregulation. In the peripheral nervous system, serotonin is produced primarily by intestinal enterochromaffin cells and is involved in regulating gastrointestinal motility, vasoconstriction, uterine contraction, and bronchoconstriction. Serotonin is also found in platelets where it promotes platelet aggregation.

Stimulation of the postsynaptic 5-HT_{1A} and 5-HT_{2A} receptors has been implicated in serotonin syndrome, but no single receptor is solely responsible. Serotonin syndrome may result from any combination of drugs that has the net effect of increasing serotonergic neurotransmission. The syndrome is classically associated with the simultaneous administration of two serotonergic agents, but it can occur after initiation of a single serotonergic drug or increasing the dose of a serotonergic drug in individuals who are particularly sensitive to serotonin. Episodes of serotonin syndrome involving a monoamine oxidase inhibitor (MAOI) medication are more severe and more often lead to adverse outcomes, including death. Although counterintuitive, serotonergic agonists that have their effect directly on postsynaptic 5-HT receptors (eg, fentanyl, buspirone, LSD, triptans) are less likely to cause severe or classic serotonin toxicity as compared with drug-drug interactions involving MAOIs medication.

The mental status changes that can occur include anxiety, restlessness, disorientation, delirium, and agitation. Autonomic manifestations can include diaphoresis, tachycardia, hyperthermia, hypertension, vomiting, and diarrhea. Neuromuscular hyperactivity can manifest as tremor, myoclonus, hyperreflexia, and bilateral Babinski sign. Hyperreflexia, clonus, and muscle rigidity are particularly common in the lower extremities of the body. In severe cases, muscle rigidity may mask myoclonus and hyperreflexia. While uncommon, fatal cases of serotonin syndrome are associated with hyperthermia and seizure. Utilizing

high doses of antipsychotic medications with unregulated doses of psilocybin will place an individual at an elevated risk of Serotonin Toxicity & Syndrome.

WHAT IS NEUROPLASTICITY / NEUROGENESIS / DEFAULT MODE NETWORK

Neuroplasticity and Neurogenesis – While psychedelics promote neuroplasticity (the brain's ability to reorganize itself by forming new neural connections) and Neurogenesis (the growth of new neurons), Chronic antidepressant medication use MAY blunt the effect of Neuroplasticity and Neurogenesis. Studies suggest that long-term SSRI use can lead to downregulation of the 5-HT_{2A} receptors, which are also crucial for the neuroplastic and hallucinogenic effects of Psychedelics. Psilocybin-driven desynchronization has been shown to be the strongest in the default mode network (DMN), which is connected to the anterior hippocampus and thought to be associated with your ability to create one's sense of Self. Psilocybin has been shown to have a persistent decrease in functional connectivity between the anterior hippocampus, the cortex, and in the DMN regions of the brain. These effects on the brain can last normal for a few weeks but usually normalize after about 6 months. The persistent suppression effect that psilocybin has on hippocampal-DMN connectivity has been shown to be the cause of pro-plasticity and anti-depressant effects in the brain.

HALLUCINOGEN PERSISTING PERCEPTION DISORDER (HPPD)

HPPD is a rare condition where an Individual continues to have/experience visual disturbances after using psychedelics. HPPD has been found to be more prominent in adolescent brains. HPPD has been found to be dose-dependent. It is more common with higher doses and with psychedelics that have a longer duration of action. Since HPPD is still relatively unknown, we make recommendations for clinical practice and future research. In patients with co-occurring depression (with or without anxiety) HPPD symptoms persisted longer and treatment outcomes were more often negative. Thus, unlike the acute stages of psychedelic drug intoxication, which may be accompanied by altered states of consciousness, HPPD is rather characterized by changes in the content of consciousness and an attentional shift from exogenous to endogenous phenomena. It is important to be able to recognize the most common signs that you may experience if they have an adverse reaction to psilocybin. Adverse reactions can cause you to have physical and psychological changes. Adverse reactions can include but are not limited to the client having an histamine released allergic reaction, having a panic attack, having suicidal ideations, having hallucination that continue to persist (HPPD), an overdose or even the

client being toxic from the psilocybin. If you experience an adverse event, you should immediately refer yourself to emergency personnel and services. You may also need to be referred to their Psychological therapist for additional support and treatment.

MICRODOSING VS MACODOSING

Microdosing requires an individual to prepare for the experience. Just like with Macro dosing, setting an Intent or goal with purpose will help to ensure and maximize the beneficial effects. Sourcing of the microdose is important because it will ensure that you have a reliable and legal source of psilocybin or psilocin. Accurate dosing is an important part of Microdosing. Microdosing is most effective when done in concession over several weeks or months. An individual can microdose for 6 to 8 weeks followed by a break of a month or two. This pulse approach allows for gradual, long-term improvements, but also gives your body and mind the time to rest and integrate the experiences. Every individual's microdosing journey or experience is unique. Adjust the dose, scheduling, intent and goals as needed to optimize and improve on an individual's personal growth and healing abilities

MICRO DOSING

Microdosing – smaller dose amounts, effects (physiological change, no psychoactive experience), integration is subtle, often suited to those with mindfulness practice and some attention to themes integrate soon after micro dose and can last through the day. First Time or Low Dose – dose recommended is 0.5 gm to 2 gm. Mini-dosing – dose effects (small lift-off into psychoactive experience, little intensity, wears off in 2-3 hours; similar to slight intoxication or a “buzz” one could have from alcohol), integration might have specific realizations. Moderate Dose – dose recommended is 1.5 gm to 2.5 gm.

MACRO DOSING

Macro dosing or Journey-dosing effects (very psychoactive, lasts 4-6 (or up to 8) hours). Larger doses are more intense and last longer, lack of coordination. High Dose – dose recommended is 3 gm to 6 gm.

On average, the effects of magic mushrooms last about 4 to 6 hours. Research suggests that for a 25 mg dose of psilocybin, most people experience. First onset of effects about 20-40 min after ingestion. Peak effects around 60-90 mins. The Clearing of the mind-altering effects occur by about 6 hours after consumption of the powerful substance. But

this can vary depending on the dose taken. The effects may also change based on someone's fasting status. Like dosing, weight seems to affect this less.

Microdosing - dose 5-10% of the macro dose amount, effects (physiological change, no psychoactive experience), integration is subtle, often suited to those with mindfulness practice and some attention to themes integrate soon after micro dose and can last through the day.

Mini-dosing - dose 20-40%, effects (small lift-off into psychoactive experience, little intensity, wears off in 2-3 hours; similar to slight intoxication or a "buzz" one could have from alcohol), integration might have specific realizations.

Macro dosing or Journey-dosing - dose 100% (4-6 grams for psilocybin, very psychoactive, lasts 4-6 (or 8) hours). Larger doses are more intense and last longer, lack of coordination. I suggest lots of free time in the day before and after for your own individual preparation and integration. The clearer the prep/integration is, the stronger the integration will be and become in your LIFE.

GO LOW DOSE AND GO SLOW METHOD

It is important to understand the concept, principle, and method of dosing psilocybin with "go low dose and go slow". You may have a vast array of experiences when it comes to psilocybin and mushrooms, and for some others it may be your first time or experience, you have never seen, felt, touched, or smelled what an actual psilocybin mushroom smells like in-person. Allowing for a go low dose and go slow approach will allow for you to form an enhanced and deeper bond or relationship with the psilocybin. This bond is centered around a relationship of trust and respect between the psilocybin mushroom and yourself. Having a low dose will allow them to feel and experience the minimum or basic effects that psilocybin has to offer. With a low psilocybin dose, you typically will experience a body warm, an enhanced mood, decreases in anxiety, and a sense of not experiencing any visual disturbances or effects. These effects typically only last a short amount of time.

It is the responsibility of you to have and understand the various amounts of milligrams of psilocybin and psilocin that are contained and found in different genomic species of mushrooms. Differences in milligrams of psilocybin and psilocin per individual mushroom or batch can vary. Variability in milligrams will affect your overall experience(s) and in your ability to heal. Using a go low dose and slow it will allow you to gain trust and respect for yourself, the psilocybin and psilocin mushrooms, and in the process. This method also allows you the ability of exploring the powerful substance while allowing yourself to experience it in a safe and controlled space. The go low dose and slow also allows for you

the ability to reflect on your experience once it has occurred. You should use reflection on and find the true purpose of your intention(s) for each administration no matter the milligram dose. This focus on intention for every administration, will allow you to truly help to heal and understand yourselves. Healing allows you to improve your overall physical and mental health. Using the go low doses and slow method requires you to have multiple sessions with the powerful substance of psilocybin and psilocin. This process also requires you to commit to some sort to the multiple sessions that will be required to completely heal. It is important that when using the go low dose and slow method you review and establish these expectations and requirements during your preparation session. Using the go low and go slow method will allow you to continue to build that trust and respect psilocybin and psilocin.

ESTABLISH AN INTEGRATION PLAN & LIFESTYLE ACTION CHANGES

One of the most important intentional processes is to develop and implement a plan for integration. This step starts at the very beginning of your journey or experiences but will continue into and through your post-experience. Taking a journey or experiences will require the individual to set aside time for both physical and mental rest and integration. Psychedelic integration and outcomes vary from individual to individual and are not a one-size-fits-all model.

KNOW YOUR OWN TRIGGERS

It is important that you can recognize your own trigger warnings, signs and symptoms of adverse reactions related to psilocybin or other psychedelics. Individual trigger warnings should be documented in your journal during the preparation phase of your journey or experience. An early discussion with a Psilocybin trained individual will help to inform you of the risks related to psilocybin and other psychedelic substances. You will want to ensure that you are able to make the best decision necessary to ensure your own safety

MOST COMMON SIDE EFFECTS

The most common unwanted mental side effects can include but are not limited to distressing hallucinations, anxiety, fear, paranoia, agitation, confusion, disorientation, and psychosis in rare circumstances. Although it's rare, an altered sense of reality can lead to accidental self-harm, especially if they aren't in a safe environment while the mushrooms are in their system. This is why treatment with magic mushrooms should always happen in a supervised setting.

Beyond its mental effects, psilocybin can cause physical side effects in your body. These can be the direct result of the mushrooms or a physical reaction to the psychological experiences while taking magic mushrooms. These physical side effects include but are not limited to nausea, vomiting, elevated heart rate, elevated blood pressure, sweating, dizziness, drowsiness, headaches, and a lack of coordination.

MIND & BODY

Psilocybin has two primary physiological properties and effects on the body and mind. These 2 physiological effects are related to the pharmacodynamics and pharmacokinetics effects of psilocybin. By studying and understanding the different pharmacodynamic effects that psilocybin has on the body and mind, and to better understand what the mechanism is behind the effects. By studying the pharmacokinetic effects that the body has on psilocybin, and to better understand what different organ processes have on it. The differences in individual pharmacokinetics processes or liver enzymatic functions will affect the way the Psilocybin is metabolized in your body. Young adults metabolize psilocybin at a quicker rate than does elderly adults. This is due to the overall ability and health of your liver.

RELATIONSHIPS & COMMUNITY

Allowing for a bond or relationship of trust to be formed between the psilocybin and themselves will allow you to have a self-lead their own healing journey or experience. A self-lead journey or experience will enhance and improve your own ability to deal with traumas from their past, present, and future. Psilocybin or Psilocin can also be a valuable and powerful substance or tool if you are seeking personal growth, self-discovery, and physical and mental healing. By embracing integration, prioritizing the setting of intentions, accurate dosing, and tailoring to your own journey or experience will help to impact the way you heal and overcome trauma in your life. Psychedelic integration is a critical and transformative process that allows you to harness the full potential of your experiences. By turning your insights into tangible actions and personal growth, integration leads to lasting change and helps to foster a deeper understanding of SELF in the world. Creating meaningful and sustainable improvements in your life is possible by embracing the various aspects and benefits that integration process has to offer you. By recognizing that your own journey does not end with the psychedelic experiences themselves, but it is just a beginning of your lifelong path towards growth, self-discovery, and wholeness

PREPARATION PHASE

1. Pre-preparation

1. Readiness, Motivation/Expectation
2. Contraindications with medications & health conditions (tapering off of medications for the use of psychedelics if needed)
3. Support network for during experience, and more importantly integration

2. Preparation – considerations for the set and setting

- Dosage – initial, booster, min-max amounts, testing compounds
- Who is there (facilitator/solo, individual/dyad/group)
- Where administered
- Supports
- Clearing of responsibilities
- **Negotiating consent (if facilitators) are present**
- Work with client on how they resource themselves during experience, and to allow self- witnessing

Positive experiences:

- mystical/transcendent experiences
- Connection to self/world
- Vulnerability
- Self-compassion
- Some theorize that the presence of an attuned facilitator help the client process content that is more deeply vulnerable

Challenging or difficult experiences:

- Overdoses or not enough
- Resistance
- Rumination & getting stuck
- Set/Setting issues
- Facilitator issues – ill prepared, boundary issues

INTEGRATION

SELF integration is an intentional process for understanding a psychedelic experience and bringing the healing, changes, and lessons learned into your daily life. Integration is not a

one time event but requires continued and on-going focus. Incorporate integration practices into your daily life. Find activities that support your mental and emotional well-being. The Integration Phase evolves both short-term and long-term work. Short-Term – integration is the emotional work done after a psychedelic experience to make sense of and act on the experiences. What are your Next Steps using Positive Productive Way – care around it, compassion towards it, and acceptance of your newfound self. You will use the psilocybin experience to help increase your own trust in yourself. Long-term integration is the Next Steps using Positive Productive Way – care around it, compassion towards it, and acceptance of the experience. Using a journal to help you with your self-expression and reflection of the journey or experience. Start a journal before your experience and continue to use it after the experience. Also try drawing or writing about your experience. You can also use psychedelic support groups, and use of a psychedelic therapist.

REFLECTION & PROCESSING

Psychedelic experiences can bring up a wide range of emotions, thoughts, and personal insights. A journey or personal experiences provides a safe space for individuals to reflect on and process the experiences in an intentional way. Overcoming personal challenges can produce the most meaningful and lasting impact and changes.

ENTOURAGE EFFECT

The entourage effect refers to the theory that mushroom compounds, like Psilocybin, Baeocystin, terpenes, and Beta-Carbolines work together to produce an enhanced or increased beneficial effect together than they would alone. The entourage effect is based on the idea that mushroom compounds interact with each other, amplifying or modifying their individual effects of each compound. The entourage effect enhances the physical, mental, and psychoactive effects of psilocybin has on an individual.

BAEOCYSTIN plays a crucial role in the synergistic psychedelic effects with Psilocybin. Baeocystin is the second most abundant molecule in magic mushrooms, but we don't know much about it. Baeocystin is another derivative of psilocybin and has unexplored benefits of psychoactive properties and effects. BETA-CARBOLINES are a class of alkaloids that are found in many plant species. Beta-Carbolines help to block the monoamine oxidase (MOA) enzyme in the human body. This theoretically could prevent psilocin from being broken down, and deactivated. This slowing process extends the effects that psilocybin has on and in the human body. This block of the MOA enzyme also enhances the effects that psilocybin has, because it allows for a higher concentration of psilocybin to be present at a higher concentration and for a long length of time at the

receptor site.

JOURNAL OR FIND A WAY TO DOCUMENT YOUR JOURNEY OR EXPERIENCE

Documenting during your journey or experience is a necessary process for all individuals taking psilocybin or psilocin. You should use a clear and precise documentation format to help ensure that you are able to capture specific and timely details of your journey or experience. Documentation is also important if an adverse reaction or event should occur. Individuals need to ensure that they capture detailed information about their journey, events, and experiences.

- The dosages of psilocybin you typically use
- The frequency with which you use psilocybin
- Your demographic information
- What benefits and/ or consequences you have experienced from your psilocybin use

Psilocybin journeys and experiences can be profound and transformative but can also be disorienting and sometimes difficult to understand. Integrative Psilocybin therapy can help individuals integrate these journeys and experiences into their daily lives. Integration therapy sessions can assist in understanding the benefits that psilocybin has to offer for the challenges that life gives us and provides guidance on how to navigate these altered states both safely and responsibly.

In the first 24 to 28 hours after a psilocybin journey or experience it is important to give yourself time off from work and life. Allow yourself at least one day off from work following the journey or experience, to focus on relaxation and caring for yourself. Use calming self-care techniques like getting a massage, eating a healthy meal, hydrating, taking a bath, spending time in nature, or napping. Make sure that you take time to yourself to relax. Focus on reducing communication about the experience with others to allow the time and space needed for solace and personal reflection. You should also avoid exposure to busy or activating environments and social settings. It is recommended that you do not make any major life decision changes within the first 2 weeks of a psychedelic experience. This will allow you the extra time needed to make informed decisions, rather than quick and reactive ones.

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