



Risk Reduction and Safety Monitoring in Psilocybin and other Psychedelic Therapies

Presentation to NM RACI Meeting

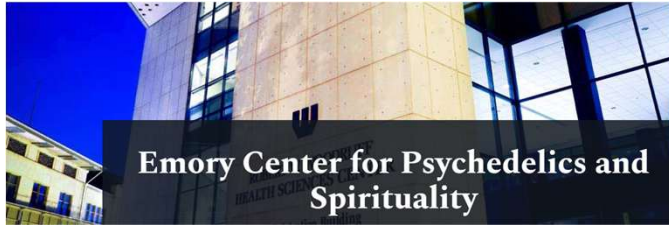
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10:37 AM

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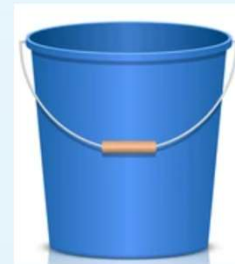
[VIEW PHILIP'S PROFILE >](#)



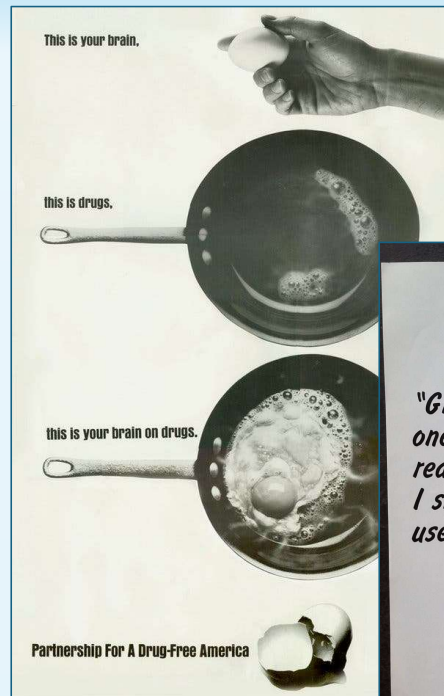
Spiritual, Existential,
Religious, and
Theological dimensions
of psychedelic care



Optimizing
psychotherapeutic
components in PAT



Harm Reduction and Safety:
Understanding, Measuring,
and Addressing
Adverse Effects



*"Give me
one good
reason why
I shouldn't
use LSD!"*

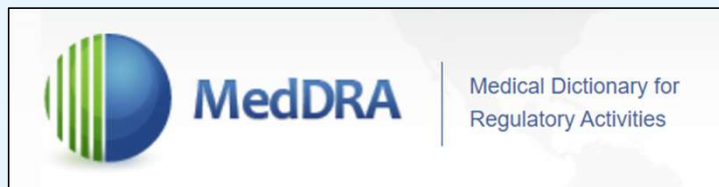
**We can
give you
46**

That's the number of chromosomes in a normal human cell. They determine the hereditary characteristics of your babies.
If there is something wrong with the chromosomes of either parent at the time of conception, there may be something wrong with the infant at the time of birth.
Broken chromosomes may cause birth defects. LSD can break chromosomes. Need we say more?

The National Foundation-March of Dimes
PREVENT BIRTH DEFECTS

State of the science on psychedelic*-related AEs: the good news

- Psychedelics are generally considered safe (Romeo et al. 2024)
- Low abuse potential (Johnson et al. 2018)

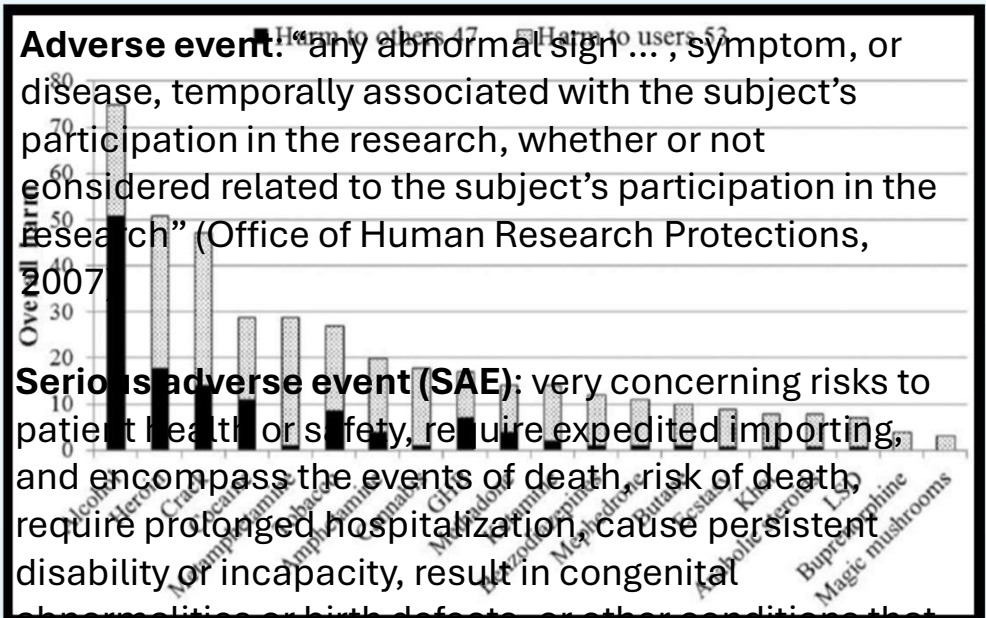


27 System Organ Classes
76,364 Lower-level terms

Clinical Trial AE Monitoring

Adverse event: "any abnormal sign ... , symptom, or disease, temporally associated with the subject's participation in the research, whether or not considered related to the subject's participation in the research" (Office of Human Research Protections, 2007)

Serious adverse event (SAE): very concerning risks to patient health or safety, require expedited reporting, and encompass the events of death, risk of death, require prolonged hospitalization, cause persistent disability or incapacity, result in congenital abnormalities or birth defects, or other conditions that similarly present significant hazards. Johnson et al. 2018



* classical psychedelics such as 5HT2A receptor agonists lysergic acid diethylamide (LSD) and psilocybin, current schedule I drugs such as 3,4-Methylenedioxymethamphetamine (MDMA) and Ibogaine, and ketamine

State of the science on psychedelic*-related AEs: the good news

Clinical Trial AE Monitoring

- Psychedelics are generally considered safe

(Romeo et al. 2023)



- Low abuse

- SAEs reported

- Phase II trials of psilocybin:

- Raison et al. 2023: AEs: 76%, SAEs: 8%
- Goodwin et al. 2022: AEs: 84%, SAEs: 10%
 - Increased suicidality

- Phase III trial of MDMA

- Mitchell et al. 2023: Equivalent rates of psychiatric AEs in MDMA & placebo groups

Adverse event: “any abnormal sign ... , symptom, or disease, temporally associated with the subject’s participation in the research, whether or not considered related to the subject’s participation in the research” (Office of Human Research Protections, 2007)

Serious adverse event (SAE): very concerning risks to patient health or safety, require expedited reporting, and encompass the events of death, risk of death, require prolonged hospitalization, cause persistent disability or incapacity, result in congenital abnormalities or birth defects, or other conditions that similarly present significant hazards.

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State of the science on psychedelic-related AEs: the rest of the news

- Psychedelics are generally considered safe (Romeo et al. 2024; Hinkle et al., 2024)
- Low abuse potential (Johnson et al. 2018)
- AEs reported at low rates – undercounted? (Breeksema et al. 2022; Hinkle et al. 2024)
 - Passive monitoring
 - Low frequency or follow-up
 - Focus on acute dosing
 - Non-systematic assessment
 - Restricted criteria



*Since 2005, **less than ¼ (23.5%)** of studies systematically monitored and reported AEs.*

State of the science on psychedelic-related AEs: the rest of the news

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- AEs reported at low rates – undercounted? (Breeksema et al. 2022; Hinkle et al. 2024)
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n = 613, 3168: 59-88% reported no challenging experience
6.4-9% functional impairment lasting > 1 day | 1.3% > 1 year
2.6% sought medical, psychiatric, psychological assistance after worst experience

12 million have used psychedelics in the past year (RMPDS)
12M* 2.6% => **312,000** (seeking further support)
12M*1.3% => **156,000** (difficulties >1 year)

Poison control center calls for psychedelics tripled, 2018-2022 (Farah et al., 2024)
ED visits and hospitalizations increased ~50% 2016-2022 (Garel et al., 2024)

Encouraging
flourishing
with
therapeutic
psilocybin

...while
reducing harm



Underwood & Underwood, 1930

Challenging Experience

Acute Adverse *Event*

- Specific to the dosing period
- Can be very distressing at dosing
- Can involve major concerns, injuries, or harms
- May or may not have negative impacts
- Both benefits and harms are commonly attributed to challenging experiences

Psychedelic-related challenge

Adverse *Effect*

- Occur in the days, weeks, months after dosing
- May or may not be distressing at dosing
- Distress or impairment after psychedelic effects wear off
- Typically involves some negative impact
- Despite negative impacts, may contribute to growth. Despite growth, may involve negative impacts

Our tasks

1. Detecting AEs in Psilocybin Research and Implementation
2. Understanding AE phenotypes for primary and secondary prevention
3. Developing monitoring systems that work

Adverse Events Measurement for Trials

Palitsky et al. 2024;
Palitsky et al. 2024b

Pharmacological

A Framework for Assessment of Adverse Events Occurring in Psychedelic Assisted Therapies

Palitsky, Roman, MDiv, PhD., Kaplan, Deanna M. PhD., Perna, John, MD., Bosshardt, Zacchary, MD., Maples-Keller, Jessica L. PhD., Levin-Aspenson, Holly F., PhD., Zarrabi, Ali John, MD., Peacock, Caroline, MDiv, ThD, MSW., Mletzko, Tanja., MA., Rothbaum, Barbara O., PhD., Raison, Charles L., MD., Grant, George H., MDiv, PhD., Dunlop, Boadie W., MD.

Headache	19 (24)
Nausea	17 (22)
Euphoric mood	4 (5)
Fatigue	5 (6)
Insomnia	2 (3)
Anxiety	3 (4)
Mood altered	4 (5)
Dizziness	5 (6)
Paresthesia	2 (3)
Abnormal thinking	0
Any serious adverse event	0



MedDRA

Medical Dictionary for
Regulatory Activities

27 System Organ Classes
76,364 Lower-level terms

Goodwin et al. 2022

Pharmacological

Sociocultural

Behavioral

Affective, cognitive,
metacognitive

Psychospiritual

Psychotherapy-related

Perceptual

Interpersonal

Palitsky, Roman, MDiv, PhD., Kaplan, Deanna M. PhD., Perna, John, MD., Bosshardt, Zacchary, MD., Maples-Keller, Jessica L. PhD., Levin-Aspenson, Holly F., PhD., Zarrabi, Ali John, MD., Peacock, Caroline, MDiv, ThD, MSW., Mletzko, Tanja., MA., Rothbaum, Barbara O., PhD., Raison, Charles L., MD., Grant, George H., MDiv, PhD., Dunlop, Boadie W., MD.

Figure 1
Coverage of AE Constructs by Existing Measures

SOCIOCULTURAL														INTERPERSONAL													
a	b	c	d	e	f	g	h	i	j	k	l	m	n	a	b	c	d	e	f	g	h	i	j	k	l	m	n
PERCEPTUAL Adverse change in worldview Cultural invalidation Community strain Stigma Distress associated with minoritized identity														PERCEPTUAL Social disconnection Reduced social support Marital or romantic relationship strain Global relationship strain Dependence on others Disruption in healthcare relationships													
PSYCHOSPIRITUAL Existential distress Death anxiety Personal religious or spiritual struggles Communal religious or spiritual struggles Undermining of spiritual worldview Religious or spiritual abuse Religious or spiritual imposition														PSYCHOTHERAPY-RELATED Psychotherapist relationship strain Feelings of betrayal Therapist dependence Feelings of abandonment Therapist abuse or exploitation Inappropriate touch Sexual contact Heightened symptom concern Loss of confidence towards interventions													
AFFECTIVE, COGNITIVE, AND METACOGNITIVE Changes in life goals Changes in values Lack of motivation Reduced sense of self Solipsism Affective blunting Empathetic sensitization Emotional lability Loss of sense of agency Epistemic distress Indecisiveness Re-experiencing of past traumatic events														BEHAVIORAL Harmful substance use Social withdrawal Hypersociality Deliberate self-harm Libido increased Libido decreased Impulsive behavior													

Note: This table represents domains for AE assessment, defined in Supplementary Document 1. Columns represent coverage of each relevant term by each of the measures described in the legend, as demarcated by lower-case letters (references are included parenthetically after measure names, followed by "s" to designate their location in Supplementary Document 2). "X" represents likely coverage of the relevant term and blanks represent lack of coverage. The legend includes the number of items within each of the included measures in the column labeled "Items."

Improving Safety & AE assessment in psychedelics

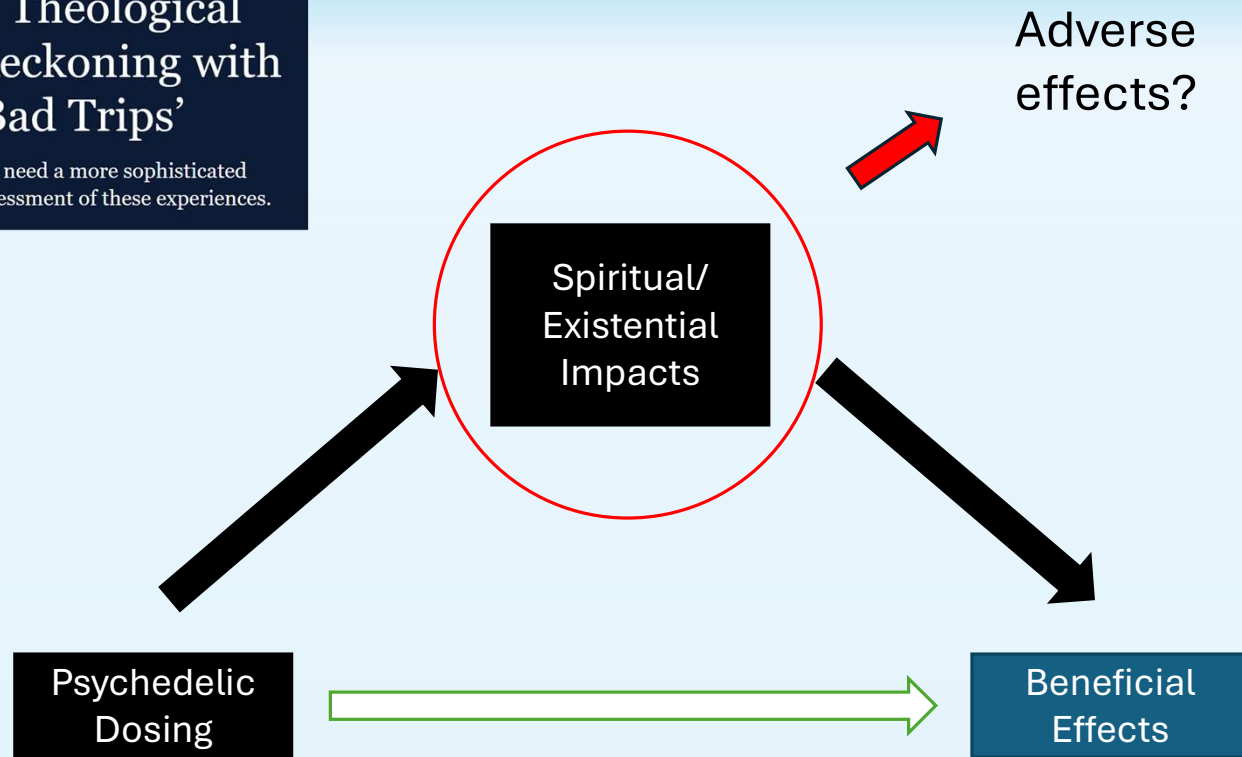
Psychospiritual

Psychotherapy-related

Sociocultural



Petersen, 2022
Harvard Divinity Bulletin



JAMA Psychiatry | Special Communication

Importance of Integrating Spiritual, Existential, Religious, and Theological Components in Psychedelic-Assisted Therapies

Roman Palitsky, MDiv, PhD; Deanna M. Kaplan, PhD; Caroline Peacock, DMin, LCSW, MDiv; Ali John Zarrabi, MD; Jessica L. Maples-Keller, PhD; George H. Grant, MDiv, PhD; Boadie W. Dunlop, MD; Charles L. Raison, MD

A framework for assessment of adverse events occurring in psychedelic-assisted therapies

Roman Palitsky^{1,2,3}, Deanna M. Kaplan^{1,3,4}, John Perna², Zachary Bosshardt², Jessica L. Maples-Keller², Holly F. Levin-Aspenson², Ali John Zarrabi^{1,3,4}, Caroline Peacock^{1,3,7}, Tanja Mletzko^{1,2}, Barbara O. Rothbaum^{1,2}, Charles L. Raison^{1,2}, George H. Grant^{1,3} and Boadie W. Dunlop^{1,2}



Journal of Psychedelic Studies

An investigation into the varieties of extended difficulties following psychedelic drug use: Duration, severity and helpful coping strategies

OLIVER C. ROBINSON^{1*}, JULES EVANS², ROSALIND G. MCALPINE³, EIRINI K. ARGYRI⁴ and DAVID LUKE¹

Ko et al. 2022

A Framework for Assessment of Adverse Events Occurring in Psychedelic Assisted Therapies

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PSYCHOSPIRITUAL

Existential Distress	Distress about loss of a sense of coherence, meaning or purpose, core aspects of one's existence, or mortality
Death anxiety	Anxiety or fear around mortality
Personal religious or spiritual struggles	Tension, strain, conflict, or alienation in relation to what people hold sacred
Communal religious or spiritual struggles	Experience of tension, strain, conflict, or relation in relation to one's religious or spiritual community
Undermining of spiritual worldview	Challenge or violation of religious or spiritual beliefs that is undesired and distressing
Religious or spiritual abuse	Perceived harm in the context of religious or spiritual activity, either psychologically or physically, including coercion, exploitation, ostracism, or manipulation (may include spiritual components of treatment, or activities in a religious setting).
Religious or spiritual imposition	Perceived proselytization or unwanted or distressing imposition of religious or spiritual frameworks

Palitsky et al. (2024) *Journal of Psychopharmacology*

Palitsky et al. (2024) *International Review of Psychiatry*

Improving Safety & AE assessment in psychedelics

Psychotherapy-related

March 29, 2023

Studying Harms Is Key to Improving Psychedelic-Assisted Therapy—Participants Call for Changes to Research Landscape

Sarah McNamee, MSW, MScA¹; Neşe Devenot, PhD²; Meaghan Buisson, BSc³

[» Author Affiliations](#)

JAMA Psychiatry. 2023;80(5):411-412. doi:10.1001/jamapsychiatry.2023.0099

“...it would be unimaginable for clinical trials using a combination of 2 drugs to only examine or regulate one of the 2 components. However, this is the norm in psychedelic research, in which the psychological support is neither systematized nor evaluated as in traditional psychotherapy research.”

- AE assessment reliant on pharmacology-derived criteria under-estimate AEs related to behavioral, lifestyle, and psychological therapies (Papaioannou et al. 2021)
- Standard therapy AEs: 3-7% of patients, 7-15% in substance use disorder treatment (Boisvert and Faust, 2003; Mohr, 1995; Moos et al. 2005; Strupp et al., 1977)

Palitsky, Roman, MDiv, PhD., Kaplan, Deanna M. PhD., Perna, John, MD., Bosshardt, Zacchary, MD., Maples-Keller, Jessica L. PhD., Levin-Aspenson, Holly F., PhD., Zarrabi, Ali John, MD., Peacock, Caroline, MDiv, ThD, MSW., Mletzko, Tanja., MA., Rothbaum, Barbara O., PhD., Raison, Charles L., MD., Grant, George H., MDiv, PhD., Dunlop, Boadie W., MD.

Figure 1
Coverage of AE Constructs by Existing Measures

[illegible]

Palitsky et al. (2024) *Journal of Psychopharmacology*
Palitsky et al. (2024) *International Review of Psychiatry*

Improving Safety & AE assessment in psychedelics

Sociocultural

Major Contribution

Potentially Harmful Therapy and Multicultural Counseling: Bridging Two Disciplinary Discourses Ψ

Dennis C. Wendt¹, Joseph P. Gone¹, and Donna K. Nagata¹

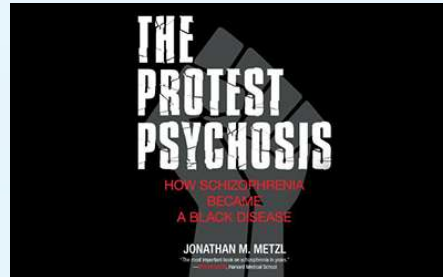
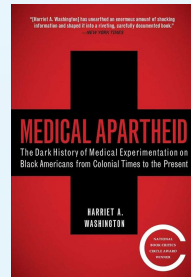
The Counseling Psychologist
2015, Vol. 43(3) 334-358
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SAGE

Absence of evidence:

Denial of care or early dropout

Insensitive care

Critical misdiagnoses



Evidence of absence?

~~Lack of assessment or research~~

~~Lack of framework in psychiatry~~

~~Long-standing evidence~~

“Harm is a social construct...

...psychotherapy may be inherently ethnocentric...

strategies for collecting evidence of harm
should be integrated with a social justice agenda.”



A Framework for Assessment of Adverse Events Occurring in Psychedelic Assisted Therapies

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SOCIOCULTURAL	
Adverse change in worldview	A change in global beliefs about the world, one's place in it, or about others, which are distressing or impairing.
Cultural invalidation	Negation, devaluation, disregard for, or transgression against one's cultural norms, values, or commitments. (Substance Abuse and Mental Health Services Administration, 2014) (White et al., 2009)
Community strain	Difficult interactions with one's social network or community, as marked by experience of conflict or rejection, loss of social status or social capital, or experience of distress in integrating in one's community.
Stigma	Experience of degradation, stereotyping, or devaluation by others, or the internalization of such an experience into belief about oneself as unworthy or invalid, based on a personal characteristic (e.g., social identity) or behavior (e.g., help-seeking)
Distress associated with minoritized identity	Heightened salience, concern about, and distress associated with a minoritized identity (e.g., minority stress for sexual and gender minority patients)

Palitsky et al. (2024) *Journal of Psychopharmacology*

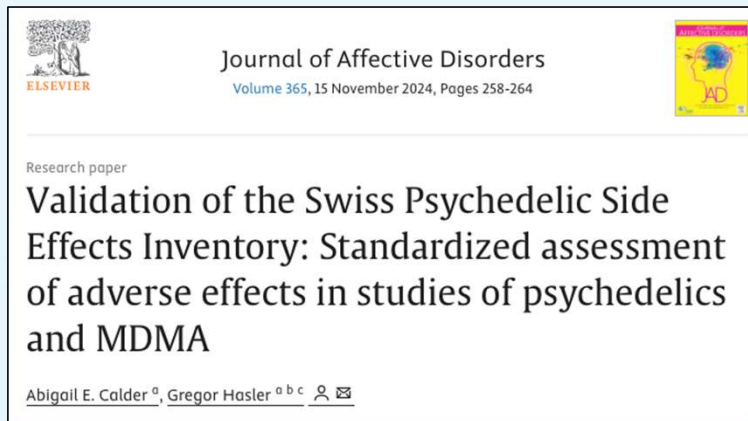
Palitsky et al. (2024) *International Review of Psychiatry*

Heatmap of the Psychedelic Assisted Therapy-Adverse Events (PAT-AE) scale.
Values represent worsening severity (0 = no worsening/improvement; red continuum = worsening magnitude).
'Count' reflects the total number of endorsed adverse events; 'Burden' represents the cumulative severity score.
Gray cells denote missing data.

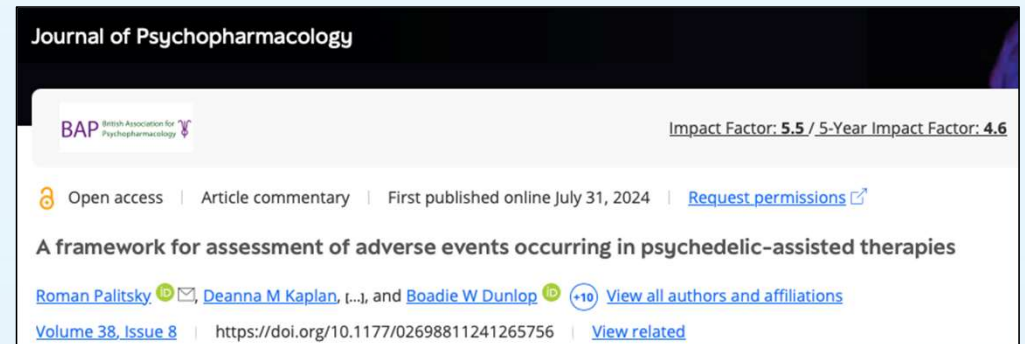


23%	Re-experiencing
23%	Isolation & Loneliness
23%	Distressing values change
21%	Symptom worry
19%	Relationship strain
19%	Decreased libido

Taking the measure of psychedelic AEs



32 side effects including an important subset of key criteria



54 harms criteria with recommendations for assessment, time points, and items for 3 groups:

- Patients
- Facilitators
- Informants

2. Understanding AE phenotypes for primary and secondary prevention

What is the nature of post-psychedelic challenges?

What predicts them?

What helps?

The Post-Psychedelic Challenges Study

Your story matters.

If you have experienced difficulties after taking a psychedelic, you may be eligible to participate in a study by Emory University.

[Learn more about participating →](#)

<https://www.psychedelicchallenges.org>



N = 800 participants with post-psychedelic challenges

Cross-sectional study

N = 800

Stratified by compound

Detailed assessment

history, context, experience, impacts,
remedies, supports

Self-report + 40 interviews

Longitudinal cohort

N = 400

1 year, every 2 months

**Trajectories of symptoms,
impairment, remedies**

Longitudinal predictors of
improvement vs worsening

Ambulatory

N = 40

Voicediary + EMA

3 months, weekly

In participants' own words

Cross-sectional study

N = 800

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Detailed assessment

history, context, experience, impacts,
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**Trajectories of symptoms,
impairment, remedies**

Longitudinal predictors of
improvement vs worsening

Ambulatory

N = 40

Voicediary + EMA

3 months, weekly

In participants' own words

N = 800 participants with post-meditation challenges

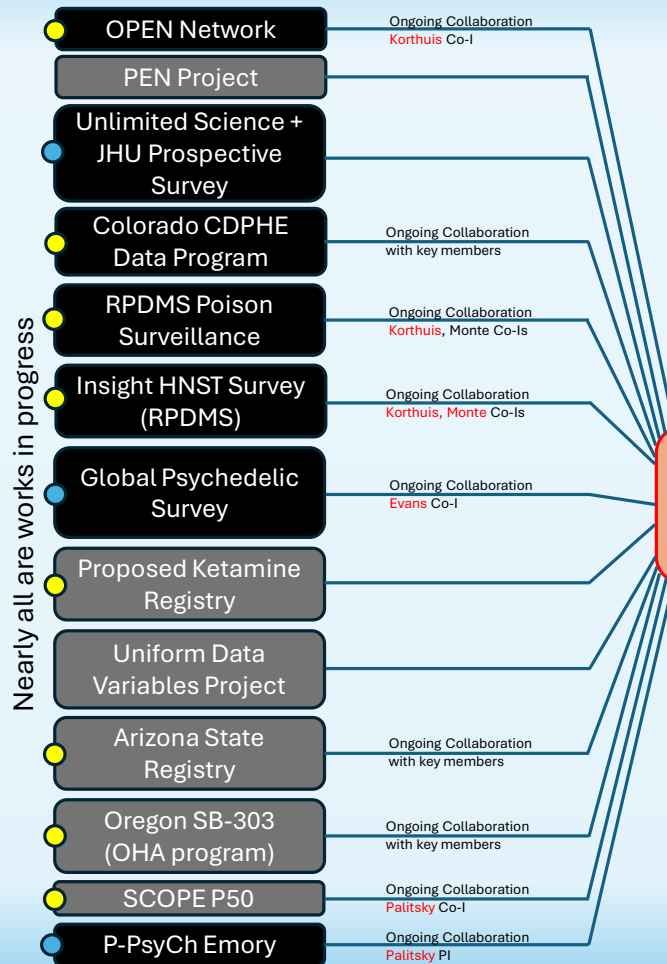
You may be eligible to participate if you have experienced any of the following after taking a psychedelic

- Difficulties or distress **or**
- Negative impacts on your life or daily functioning **or**
- You needed additional professional support or treatment
- **And** you are 18 years or older, can read and understand English, and currently residing in the UK

Now in Canada and Australia
Europe: coming soon

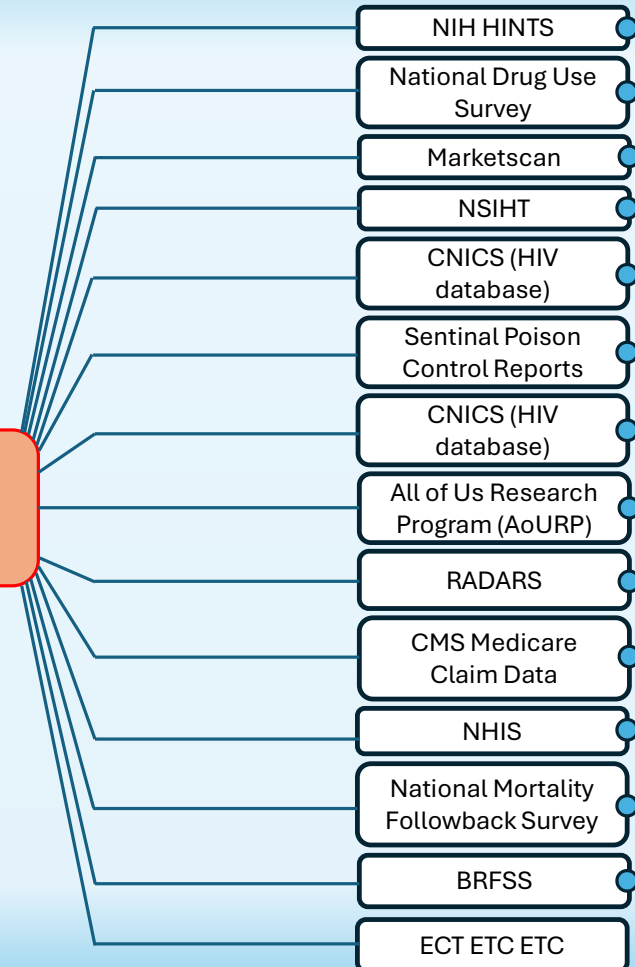
3. Developing monitoring systems that work

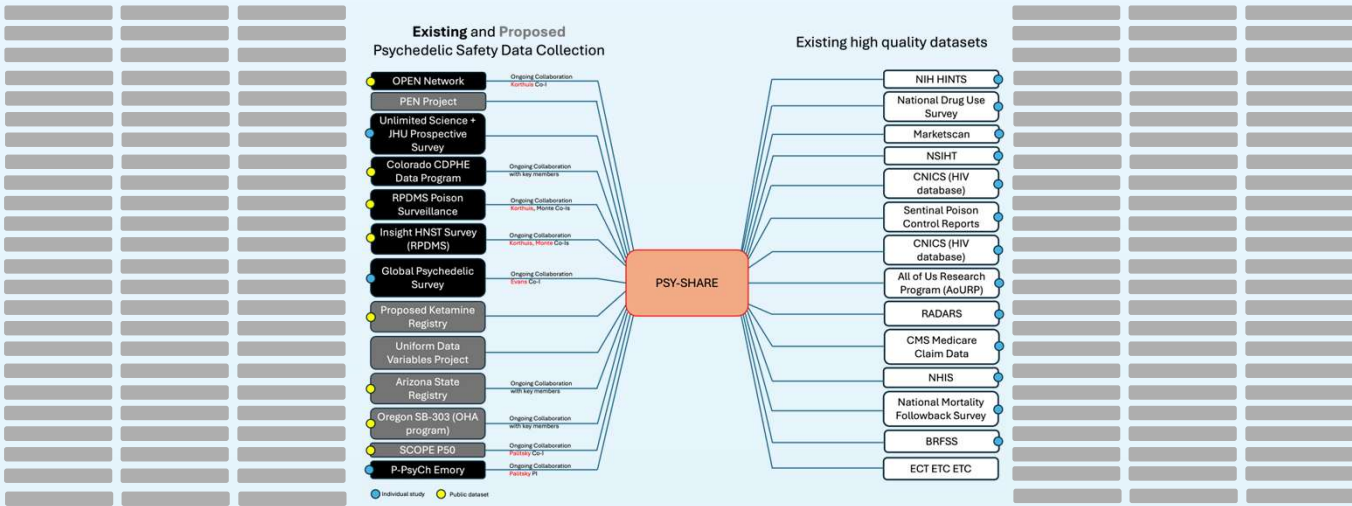
Existing and Proposed Psychedelic Safety Data Collection



● Individual study
● Public dataset

Existing high quality datasets

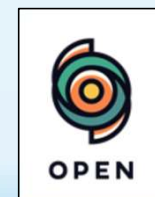




We could use your help!

<https://www.psychedelicchallenges.org>

Roman.paltsky@emory.edu



Thank you!

George Grant
Deanna Kaplan
Willoughby Britton
David Rupert
Zac Kamenetz
Jaime Beachy
Moana Meadows
Ali John Zarrabi
Caroline Peacock
Boadie Dunlop
Barbara Rothbaum
Jessica Maples Keller
Fayzan Rab
Bryan McCarthy
Nicholas Canby
Nathan Fisher

Charles Raison
Sam Chao
Michal Mendelbaum-
Kweller
Isabelle Shub
Liam Smolyar
Jared Lindahl
Nicholas Canby
Jay Michaelson
Catherine Shisslak
Simon Goldberg
Holly Levi-Aspenson
Peter Leavitt
Joy Ren
Nicholas Van Dam
Jared Lindahl



Questions? Comments?

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