

Psychedelics and Chaplaincy:

Spiritual Care Implications & Opportunities

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APC/NACC Joint Conference 2024





Introduction

- UC San Diego Health
- Board Certified Chaplain
- Certified training as a co-therapist for MDMA-assisted therapy for PTSD through MAPS/Lykos
- Co-convener, Transforming Chaplaincy Psychedelic Care Network (TCPCN)
- Convener, TCPCN Competencies Workgroup
- PhD student, University of Maryland, Baltimore



Land Acknowledgement

I respectfully wish to honor the fact that this conference is taking place on the ancestral, traditional, and contemporary lands of the Osage Nation, Otoe-Missouria, Illinois Confederacy, Quapaw, Ho-Chunk, Miami and many other tribes as the custodians of the land. I live and work on the ancestral home of the Kumeyaay Nation.

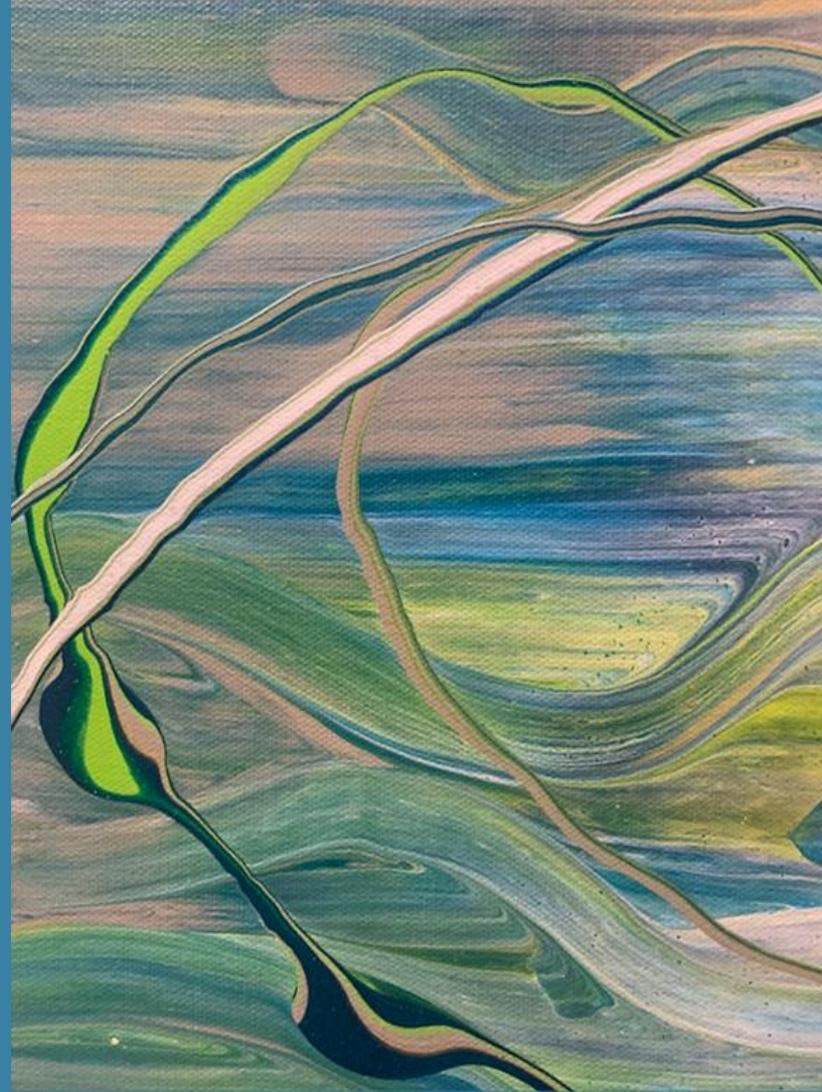
This acknowledgement is part of our work in the psychedelic space, as the traditions, beliefs, and ceremonies of indigenous peoples have been jeopardized by some who have thoughtlessly appropriated, commodified, and endangered people, plants, and lands for the sake of their own ends.

Other Acknowledgements

Transforming Chaplaincy Psychedelic Care Network receives support from the RiverStyx Foundation

• **Session Overview**

- Introduction - the Psychedelic Renaissance is upon us
- Brief history of psychedelics
- Current research
- Common psychedelics, experiential effects, and relevant clinical uses
- Why ALL Spiritual Care Practitioners should care
- Why the psychedelic community should care about Chaplains
- Major ways spiritual care providers can be involved in psychedelic care
- Challenges facing Chaplains in psychedelic care





Acknowledgements

- This presentation builds on presentations made at the 2023 APC Conference, with co-presenters Sarah Sawyer and Jeff Vidt

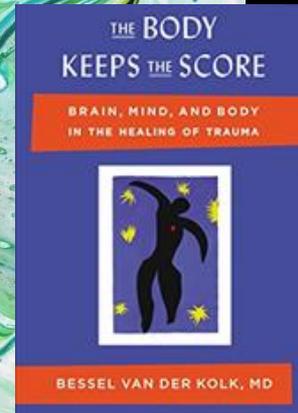


Acknowledgements

- Honor that this is a controversial topic.
- Allow space to listen to a wide range of perspectives and histories.
- This session is not to advocate for the use of psychedelics by all people.
- This presentation is intended for a broad audience, with people at a range of starting points. It may be too advanced for some and not advanced enough for others.
- We are here to talk about current issues that will affect how spiritual care providers do their work.
- The field of psychedelics is still developing (rapidly), as is spiritual care involvement with it. As such, I offer this material in humility, knowing that there will be an ongoing need for more research, thoughtful practice, reflection, and revision.

Introduction: The Psychedelic Renaissance

- Greater cultural awareness
- Growing body of research
- Changing attitudes toward psychedelics and the drug war
- Increased awareness of the nature of trauma and its impacts
- Ex: *The Body Keeps the Score* - nearly 4 years on New York Times Best Sellers list – currently #6.



Psychedelic Basics

- Psychedelics = “Mind manifesting”
- **Common psychedelics:**
 - LSD
 - Psilocybin (magic mushrooms)
 - MDMA
 - DMT (Ayahuasca & 5MEO)
 - Ketamine
 - Ibogaine
- **Psychedelic Assisted Therapy (PAT)**
Chaplains as “therapists”
- For the purposes of this training, we will assume a clinical, not religious or recreational use.



A Brief History of Psychedelics

Archaeological Evidence:

- Psilocybin mushrooms 6000 BCE (North Africa)
- Fly-agaric mushrooms 1500 BCE (Asia)
- Ergot 300 BCE (Spain)
- San Pedro 8600 BCE (Peru)
- Mescal bean 8440 BCE (Modern-day Texas)
- Peyote 3200 BCE (Modern-day Texas)
- Psilocybin mushrooms 1000 BCE (Guatemala)
- Ayahuasca 1000 CE (Bolivia)



Sources:

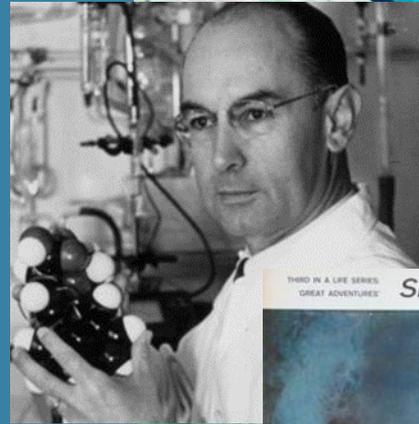
Samorini, Giorgio. (2019). The oldest archeological data evidencing the relationship of Homo sapiens with psychoactive plants: A worldwide overview. *Journal of Psychedelic Studies*. 3. 1-18. [10.1556/2054.2019.008](https://doi.org/10.1556/2054.2019.008).

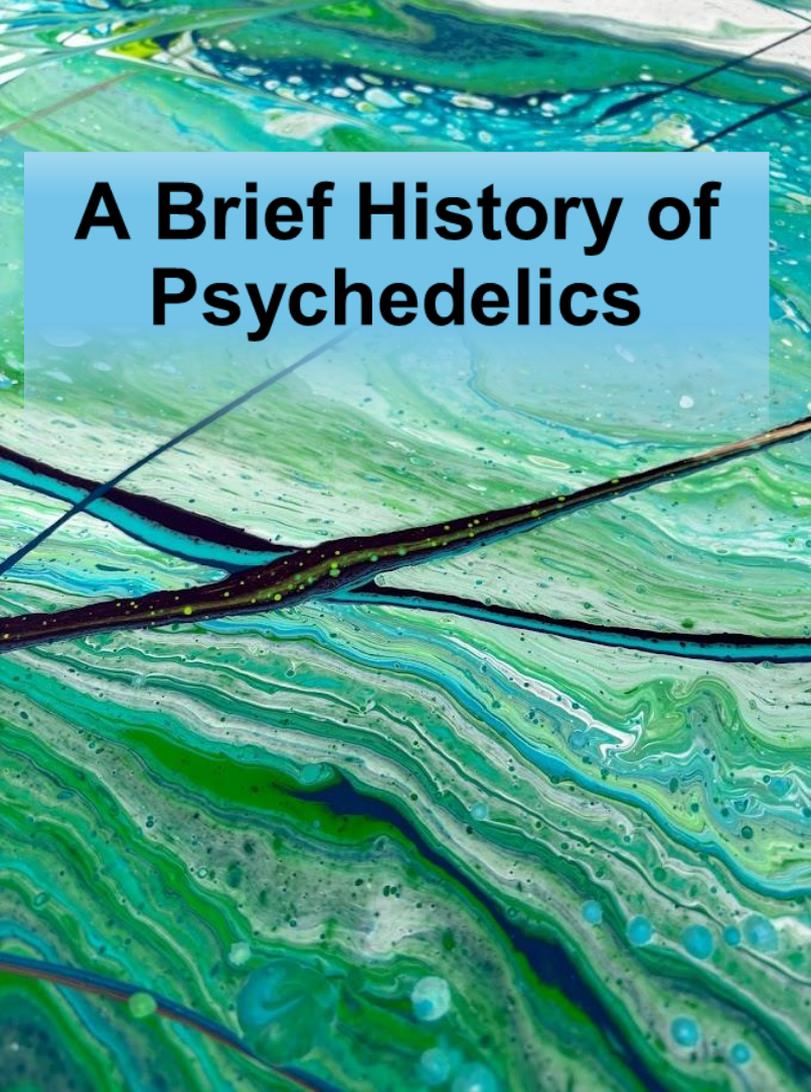
Miller, M. J., Albarracin-Jordan, J., Moore, C., & Capriles, J. M. (2019). Chemical evidence for the use of multiple psychotropic plants in a 1,000-year-old ritual bundle from South America. *Proceedings of the National Academy of Sciences of the United States of America*, 116(23), 11207–11212. <https://doi.org/10.1073/pnas.1902174116>

A Brief History of Psychedelics

The Modern Era:

- 1912: Merck laboratories synthesized MDMA (3,4-Methylenedioxymethamphetamine)
- 1943: LSD discovered by Albert Hoffman
- 1950s: Popular publications by Aldous Huxley (The Doors of Perception) and Gordon Wasson (1957 Life magazine article)
- 1960s: Timothy Leary & Richard Alpert: Harvard Psilocybin Project and the counterculture movement





A Brief History of Psychedelics

1962: Marsh Chapel Study: The Good Friday Experiment

- Walter Pahnke, Harvard Medical and Divinity School
- 20 graduate divinity students, 10 received psilocybin, 10 received active placebo
- Psilocybin subjects “experienced phenomena which were indistinguishable from, if not identical with the categories of naturally occurring mystical experience.”
- Conclusion: “The results of our experiment would indicate that psilocybin is an important tool for the study of the mystical state of consciousness.”
- 1986 Follow Up study: psilocybin subjects “reported a substantial amount of persisting positive effects and no significant long-term negative effects.”

1971-Present: War on Drugs

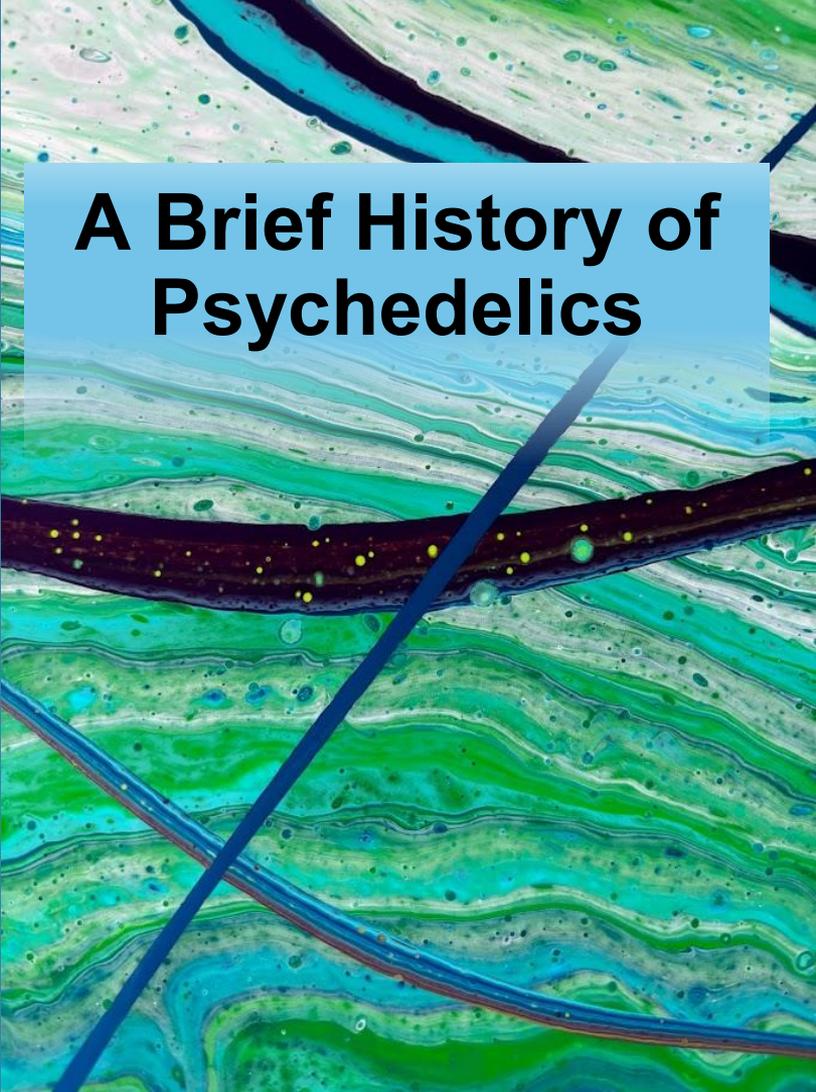
- “Public enemy number one.” ~President Richard Nixon
- Controlled Substances Act: Schedule I categorizes substances with “no currently accepted medical use and a high potential for abuse.”
 - Includes: cannabis, MDMA, LSD, psilocybin, heroin, peyote
- Effectively shut down research on psychedelic substances for 30 years

1990s-early 2000s: Psychedelic Renaissance

- FDA introduced a new group to oversee psychedelic research protocols
- Johns Hopkins research approval: 2000
- MAPS MDMA research approval: 2004

Present: Creating the Future

- Expansion of Research
- Medicalization
- Legalization/Decriminalization



A Brief History of Psychedelics



A Brief Review of Pertinent Research

- Depression
- Anxiety
- Demoralization
- PTSD

Pertinent Research: Depression

- 2016 Johns Hopkins University randomized double-blind crossover psilocybin study
- Comparison of very low dose vs. high dose in a crossover design
- Life threatening cancer diagnosis (n=51) and symptoms of depression or anxiety
- *Large and sustained decreases in depression and anxiety*
- *At 6-month follow-up, 80% of participants continued to show clinically significant reductions in depression and anxiety*

Original Paper

Psilocybin produces substantial and sustained decreases in depression and anxiety in patients with life-threatening cancer: A randomized double-blind trial

Roland R Griffiths^{1,2}, Matthew W Johnson¹, Michael A Carducci³, Annie Umbricht¹, William A Richards¹, Brian D Richards¹, Mary P Cosimano¹ and Margaret A Klinedinst¹

Abstract

Cancer patients often develop chronic, clinically significant symptoms of depression and anxiety. Previous studies suggest that psilocybin may decrease depression and anxiety in cancer patients. The effects of psilocybin were studied in 51 cancer patients with life-threatening diagnoses and symptoms of depression and/or anxiety. This randomized, double-blind, cross-over trial investigated the effects of a very low (placebo-like) dose (1 or 3 mg/70 kg) vs. a high dose (22 or 30 mg/70 kg) of psilocybin administered in counterbalanced sequence with 5 weeks between sessions and a 6-month follow-up. Instructions to participants and staff minimized expectancy effects. Participants, staff, and community observers rated participant moods, attitudes, and behaviors throughout the study. High-dose psilocybin produced large decreases in clinician- and self-rated measures of depressed mood and anxiety, along with increases in quality of life, life meaning, and optimism, and decreases in death anxiety. At 6-month follow-up, these changes were sustained, with about 80% of participants continuing to show clinically significant decreases in depressed mood and anxiety. Participants attributed improvements in attitudes about life/self, mood, relationships, and spirituality to the high-dose experience, with >80% endorsing moderately or greater increased well-being/life satisfaction. Community observer ratings showed corresponding changes. Mystical-type psilocybin experience on session day mediated the effect of psilocybin dose on therapeutic outcomes.

Trial Registration

ClinicalTrials.gov identifier: NCT00465595

Keywords

Psilocybin, hallucinogen, cancer, anxiety, depression, symptom remission, mystical experience

Introduction

Cancer patients often develop a chronic, clinically significant syndrome of psychosocial distress having depressed mood, anxiety, and reduced quality of life as core features, with up to 40% of cancer patients meeting criteria for a mood disorder (Holland

The classic hallucinogens, which include psilocybin (psilocin) and (+)-lysergic acid diethylamide (LSD), are a structurally diverse group of compounds that are 5-HT_{2A} receptor agonists and produce a unique profile of changes in thoughts, perceptions, and



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jop.sagepub.com



Pertinent Research: Depression

- 2018 & 2019 FDA granted breakthrough therapy designation to psilocybin for drug-resistant depression and major depressive disorder
- 2021 double blind RCT at Imperial College London
- Participants with major depressive disorder (n=59)
- *2 separate doses of psilocybin plus 6 weeks daily placebo vs. 6 weeks daily dose of escitalopram (Lexapro)*
- *Psilocybin outperformed escitalopram, but not to a clinically significant level*

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Trial of Psilocybin versus Escitalopram for Depression

Robin Carhart-Harris, Ph.D., Bruna Giribaldi, B.Sc., Rosalind Watts, D.Clin.Psy., Michelle Baker-Jones, B.A., Ashleigh Murphy-Beiner, M.Sc., Roberta Murphy, M.D., Jonny Martell, M.D., Allan Blemings, M.Sc., David Erritzoe, M.D., and David J. Nutt, M.D.

ABSTRACT

BACKGROUND

Psilocybin may have antidepressant properties, but direct comparisons between psilocybin and established treatments for depression are lacking.

METHODS

In a phase 2, double-blind, randomized, controlled trial involving patients with long-standing, moderate-to-severe major depressive disorder, we compared psilocybin with escitalopram, a selective serotonin-reuptake inhibitor, over a 6-week period. Patients were assigned in a 1:1 ratio to receive two separate doses of 25 mg of psilocybin 3 weeks apart plus 6 weeks of daily placebo (psilocybin group) or two separate doses of 1 mg of psilocybin 3 weeks apart plus 6 weeks of daily oral escitalopram (escitalopram group); all the patients received psychological support. The primary outcome was the change from baseline in the score on the 16-item Quick Inventory of Depressive Symptomatology–Self-Report (QIDS-SR-16; scores range from 0 to 27, with higher scores indicating greater depression) at week 6. There were 16 secondary outcomes, including QIDS-SR-16 response (defined as a reduction in score of >50%) and QIDS-SR-16 remission (defined as a score of ≤5) at week 6.

RESULTS

A total of 59 patients were enrolled; 30 were assigned to the psilocybin group and 29 to the escitalopram group. The mean scores on the QIDS-SR-16 at baseline were 14.5 in the psilocybin group and 16.4 in the escitalopram group. The mean (±SE) changes in the scores from baseline to week 6 were -8.0 ± 1.0 points in the psilocybin group and -6.0 ± 1.0 in the escitalopram group, for a between-group difference of 2.0 points (95% confidence interval [CI], -5.0 to 0.9) ($P=0.17$). A QIDS-SR-16 response occurred in 70% of the patients in the psilocybin group and in 48% of those in the escitalopram group for a between-group difference of 22 percentage points (95% CI, -3 to 48).

From the Centre for Psychedelic Research, Department of Brain Sciences, Faculty of Medicine, Imperial College London, London. Address reprint requests to Dr. Carhart-Harris at Imperial College London, Burlington Danes Bldg, 160 Du Cane Rd., London W12 0NN, United Kingdom, or at r.carhart-harris@imperial.ac.uk.

Dr. Carhart-Harris, Ms. Giribaldi, and Dr. Watts contributed equally to this article.

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Pertinent Research: Anxiety

- 2022 University Hospital Basel randomized double-blind, placebo-controlled crossover LSD study
- Anxiety patients, with and without life threatening illness (n=42)
- *“LSD produced strong reductions in anxiety, depression, and general psychiatric symptomatology compared with placebo”*
- *65% of LSD group showed clinical response vs. 9% in placebo group*
- *Results sustained at 16-week follow-up*

Priority Communication

Biological
Psychiatry

Lysergic Acid Diethylamide–Assisted Therapy in Patients With Anxiety With and Without a Life-Threatening Illness: A Randomized, Double-Blind, Placebo-Controlled Phase II Study

Friederike Holze, Peter Gasser, Felix Müller, Patrick C. Dolder, and Matthias E. Liechti

ABSTRACT

BACKGROUND: This study aimed to investigate the efficacy and safety of lysergic acid diethylamide (LSD)–assisted therapy in patients who experienced anxiety with or without association with a life-threatening illness.

METHODS: The study is an investigator-initiated 2-center trial that used a double-blind, placebo-controlled, 2-period, random-order, crossover design with 2 sessions with either oral LSD (200 µg) or placebo per period. The primary end point was anxiety symptoms 16 weeks after the last treatment session, assessed by the Spielberger State-Trait Anxiety Inventory–Global score in 42 patients. Further outcome measures included ratings for depression symptoms (Beck Depression Inventory and Hamilton Depression Rating Scale, 21-item version) and ratings for acute subjective drug effects. The outcomes for the first period (between-subjects analysis) are primarily shown due to carryover effects.

RESULTS: LSD treatment resulted in significant reductions of State-Trait Anxiety Inventory–Global scores up to 16 weeks after treatment [least-square mean [standard error] change from baseline difference = -16.2 [5.8], 95% CI, -27.8 to -4.5 , $d = -1.18$, $p = .007$]. Similar effects were observed for ratings of comorbid depression on the Hamilton Depression Rating Scale, 21-item version (-7.0 [1.9], 95% CI, -10.8 to -3.2 , $d = -1.1$, $p = .0004$) and the Beck Depression Inventory (-6.1 [2.6], 95% CI, -11.4 to -0.9 , $d = -0.72$, $p = .02$). Positive acute subjective drug effects and mystical-type experiences correlated with the long-term reductions in anxiety symptoms. Transient, mild, acute untoward effects of LSD treatment were reported by 8 patients (19%). One treatment-related serious adverse event (acute transient anxiety) occurred (2%).

CONCLUSIONS: LSD produced long-lasting and notable reductions in anxiety and comorbid depression symptoms up to 16 weeks.

<https://doi.org/10.1016/j.biopsych.2022.08.025>

Anxiety is a common symptom of several mental illnesses and the leading symptom of anxiety disorders (1). In addition, cancer and other life-threatening diseases are commonly associated with anxiety (2). Treatment options include mainly selective serotonin reuptake inhibitors and psychotherapy. However, antidepressants need to be administered daily and have limited efficacy. Therefore, alternative treatment options

stage cancer to improve mood and reduce anxiety (7–9). However, these studies did not use rigorous trial methods. Modern research on the therapeutic potential of psychedelics mostly used psilocybin. A small pilot study reported the safety of a moderate dose of psilocybin in patients with advanced-stage cancer (10). Two randomized, placebo-controlled trials in patients with life-threatening cancer reported significant



Dana-Farber
Cancer Institute



EMORY UNIVERSITY

Center for Psychedelics and Spirituality

Pertinent Research: Demoralization

- Psilocybin assisted psychotherapy for demoralization in patients receiving home-based hospice care.
- Open label pilot, n=15 patients.

- Multidisciplinary palliative care support in adult cancer survivors living with concurrent demoralization and chronic pain.
- Phase 1 safety/feasibility trial, n=15.
- Evaluate changes in demoralization, anxiety, depression, quality of life, pain, other symptoms, mysticism, awe, post-traumatic growth, social isolation, and psychosocial functioning.

Pertinent Research: PTSD

- 2023 MAPS double-blind, placebo-controlled MDMA phase 3 trial
- Participants with moderate to severe PTSD (n=103)
- 3 dosing sessions with 3 non-drug psychotherapy sessions between each drug session
- 86.5% of MDMA group had clinically meaningful improvement vs 69% of placebo group after 18 weeks
- 71.2% of MDMA group no longer met DSM-5 criteria for PTSD vs 47.6% of placebo group



nature medicine 

Article <https://doi.org/10.1038/s41591-023-02565-4>

MDMA-assisted therapy for moderate to severe PTSD: a randomized, placebo-controlled phase 3 trial

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Published online: 14 September 2023

 Check for updates

Jennifer M. Mitchell^{1,2,3} , Marcela O'talora G. O.⁴, Bessel van der Kolk⁵, Scott Shannon⁶, Michael Bogenschutz⁷, Yevgeniy Gelfand⁸, Casey Paleos⁹, Christopher R. Nicholas¹⁰, Sylvestre Quevedo^{2,11}, Brooke Balliett¹², Scott Hamilton¹³, Michael Mithoefer¹⁴, Sarah Kleiman¹⁵, Kelly Parker-Guilbert¹⁶, Keren Tzarfaty^{17,18}, Charlotte Harrison¹⁹, Alberdina de Boer¹⁹, Rick Doblin²⁰, Berra Yazar-Klosinski¹⁹ & MAPP2 Study Collaborator Group*

This multi-site, randomized, double-blind, confirmatory phase 3 study evaluated the efficacy and safety of 3,4-methylenedioxymethamphetamine-assisted therapy (MDMA-AT) versus placebo with identical therapy in participants with moderate to severe post-traumatic stress disorder (PTSD). Changes in Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) total severity score (primary endpoint) and Sheehan Disability Scale (SDS) functional impairment score (key secondary endpoint) were assessed by blinded independent assessors. Participants were randomized to MDMA-AT ($n = 53$) or placebo with therapy ($n = 51$). Overall, 26.9% (28/104) of participants had moderate PTSD, and 73.1% (76/104) of participants had severe PTSD. Participants were ethnoracially diverse: 28 of 104 (26.9%) identified as Hispanic/Latino, and 35 of 104 (33.7%) identified as other than White. Least squares (LS) mean change in CAPS-5 score (95% confidence interval (CI)) was -23.7 (-26.94 , -20.44) for MDMA-AT versus -14.8 (-18.28 , -11.28) for placebo with therapy ($P < 0.001$, $d = 0.7$). LS mean change in SDS score (95% CI) was -3.3 (-4.03 , -2.60) for MDMA-AT versus -2.1 (-2.89 , -1.33) for placebo with therapy ($P = 0.03$, $d = 0.4$). Seven participants had a severe treatment emergent adverse event (TEAE) (MDMA-AT, $n = 5$ (9.4%); placebo with therapy, $n = 2$ (3.9%)). There were no deaths or serious TEAEs.

Pertinent Research: Johns Hopkins/NYU Religious Leaders Psilocybin Study

- N=24, psychedelic naïve members of clergy
- Investigating changes in beliefs
- Results not yet published . . . but . . .



Article
Psychedelics, the Bible, and the Divine[†]

Jaime Clark-Soles

Perkins School of Theology, Southern Methodist University, Dallas, TX 75275, USA; jaimec@smu.edu
[†] NB: Unless otherwise noted, all biblical citations are from the NRSV translation.

Abstract. The current psychedelic renaissance intersects with Christian practices in two key ways. First, as psychedelic-assisted therapy (PAT) becomes more common, Christians undergoing therapeutic medical treatment may seek outside support for integrating into their religious lives mystical experiences that occur during psychedelic sessions. Second, with increasing legal access to psychedelics, more Christians may explore their spiritual potential outside of a medical context, either individually with spiritual guides or collectively in organized retreats. Many will have mystical encounters related to the Divine. Whether the experience involves the overwhelming presence or absence of the Divine, these Christians, too, will seek integration support. This essay argues that the Bible can serve as a rich source for such integration, because it contains significant material about mystical experiences marked by altered states of consciousness. First, I summarize the importance of the psychedelic renaissance, especially the scientific studies being conducted, as it relates to Christian practices of spiritual formation. Second, I explore new work being conducted by biblical scholars regarding embodied religious experiences with the Divine (and others), including mystical experiences. Third, I consider the Apostle Paul's embodied mystical experience, with special attention to 2 Corinthians 12:1–10, as one example of biblical material that might intersect with or inform psychedelic mystical encounters that contemporary Christians might experience (whether in a medical therapeutic or non-medical spiritual formation settings). Finally, I indicate directions for further research and discussion.

Why Spiritual Care matters in Psychedelic Research

- 2006 Johns Hopkins study of psychedelic naïve, but religiously/spiritually active adults.
- “[W]hen administered to volunteers under supportive conditions, psilocybin occasioned experiences similar to spontaneously occurring mystical experiences . . . having substantial and sustained personal meaning and spiritual significance.”
- 67% rated the psilocybin experience as either the single most meaningful experience of their lives, or in the top five most meaningful experiences, on par with the birth of a child or the death of a parent.

Psychopharmacology (2006) 187:268–283
DOI 10.1007/s00213-006-0457-5

ORIGINAL INVESTIGATION

Psilocybin can occasion mystical-type experiences having substantial and sustained personal meaning and spiritual significance

R. R. Griffiths · W. A. Richards · U. McCann · R. Jesse

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© Springer-Verlag 2006

Abstract

Rationale Although psilocybin has been used for centuries for religious purposes, little is known scientifically about its acute and persisting effects.

Objectives This double-blind study evaluated the acute and longer-term psychological effects of a high dose of psilocybin relative to a comparison compound administered under comfortable, supportive conditions.

Materials and methods The participants were hallucinogen-naïve adults reporting regular participation in religious or spiritual activities. Two or three sessions were conducted at 2-month intervals. Thirty volunteers received orally administered psilocybin (30 mg/70 kg) and methylphenidate hydrochloride (40 mg/70 kg) in counterbalanced order. To

obscure the study design, six additional volunteers received methylphenidate in the first two sessions and unblinded psilocybin in a third session. The 8-h sessions were conducted individually. Volunteers were encouraged to close their eyes and direct their attention inward. Study monitors rated volunteers' behavior during sessions. Volunteers completed questionnaires assessing drug effects and mystical experience immediately after and 2 months after sessions. Community observers rated changes in the volunteer's attitudes and behavior.

Results Psilocybin produced a range of acute perceptual changes, subjective experiences, and labile moods including anxiety. Psilocybin also increased measures of mystical experience. At 2 months, the volunteers rated the psilocybin experience as having substantial personal meaning and spiritual significance and attributed to the experience sustained positive changes in attitudes and behavior consistent with changes rated by community observers.

Conclusions When administered under supportive conditions, psilocybin occasioned experiences similar to sponta-

Electronic Supplementary Material Supplementary material is available for this article at <http://dx.doi.org/10.1007/s00213-006-0457-5> and is accessible for authorized users.

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Why Spiritual Care matters in Psychedelic Research

- Rather than the mystical experience being a type of side-effect of the medicine, it is central to the clinical improvements that these studies document.
- “[S]ignificant correlation between mystical experience and clinical improvement was established in nine out of twelve studies analyzed for short- and medium-term results” (Ko et al., 2022).
- Mystical experience scores are predictive of treatment success at long-term follow-up.



Psychedelics, Mystical Experience, and Therapeutic Efficacy: A Systematic Review

Kwonmok Ko^{1*}, Gemma Knight¹, James J. Rucker^{1,2,3} and Anthony J. Cleare^{1,2,3}

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The mystical experience is a potential psychological mechanism to influence outcome in psychedelic therapy. It includes features such as oceanic boundlessness, ego dissolution, and universal interconnectedness, which have been closely linked to both symptom reduction and improved quality of life. In this review, 12 studies of psychedelic therapy utilizing psilocybin, ayahuasca, or ketamine were analyzed for association between mystical experience and symptom reduction, in areas as diverse as cancer-related distress, substance use disorder, and depressive disorders to include treatment-resistant. Ten of the twelve established a significant association of correlation, mediation, and/or prediction. A majority of the studies are limited, however, by their small sample size and lack of diversity (gender, ethnic, racial, educational, and socioeconomic), common in this newly re-emerging field. Further, 6 out of 12 studies were open-label in design and therefore susceptible to bias. Future studies of this nature should consider a larger sample size with greater diversity and this is represented by use of randomized

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Viewpoint

The Subjective Effects of Psychedelics Are Necessary for Their Enduring Therapeutic Effects

David B. Yaden and Roland R. Griffiths*

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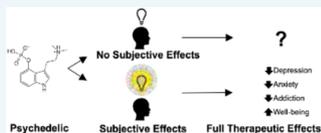
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ABSTRACT: Classic psychedelics produce altered states of consciousness that individuals often interpret as meaningful experiences. Across a number of human studies, when the participant-rated intensity of the overall drug effects are statistically controlled for, certain subjective effects predict therapeutic and other desirable outcomes. Underlying neurobiological mechanisms are likely necessary but not sufficient to confer full and enduring beneficial effects. We propose that the subjective effects of psychedelics are necessary for their enduring beneficial effects and that these subjective effects account for the majority of their benefit.



Integrating SERT Dynamics in Psychedelic Assisted Therapies

Clinical Review & Education

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

IMPORTANCE Mounting evidence supports the role of spiritual, existential, religious, and theological components in mediating psychedelic-assisted therapy, yet integration of these elements into the clinical setting is lagging.

OBSERVATIONS Although psychedelic-assisted therapy commonly produces spiritually, existentially, religiously, or theologically relevant experiences for patients, these have not been systematically integrated into the psychotherapies that accompany therapeutic uses of psychedelics. As a key feature and potential mediator of therapeutic effects, evidence-based psychedelic-assisted therapies should include these topics in the treatment model. Research across multiple diagnostic targets and treatment contexts suggests that spiritually integrated psychotherapies are effective, feasible, and produce add-on benefits in spiritually, existentially, religiously, and theologically relevant outcomes, which are particularly germane to psychedelics. Established standards in spiritually integrated psychotherapy may be fruitfully applied to psychedelic-assisted therapy. Objectives for spiritually, existentially, religiously, and theologically integrated psychedelic-assisted therapy based on these standards and informed by considerations specific to psychedelics are recommended.

CONCLUSIONS AND RELEVANCE Spiritual, existential, religious, and theological topics' integration in psychedelic-assisted therapy is needed to ensure culturally competent, evidence-based treatment aligned with the highest standards of clinical care. Neglecting to address these topics can detract from cultural competence, contribute to risks for patients, and potentially undermine treatment success.

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- Spiritual, Existential, Religious, and Theological (SERT) Components
- *“SERT experiences are important not only because they are common in PAT, but also because of their potential role as **treatment mediators**. Careful attention to mediators of therapeutic change is crucial for the development and optimization of effective behavioral treatments.”*
- 75% of psychology training programs offer no courses in religion and spirituality
- Involve Spiritual Health Practitioners

The Importance of Spiritual Care Providers

- Spiritual Health Practitioners' contributions:
 - Competency to work with spiritual material
 - Awareness of power dynamics
 - Familiarity with non-ordinary states of consciousness
 - Holding space with clients
 - The ability to offer a counter-balance to the biomedical perspective

PLOS ONE

OPEN ACCESS PEER-REVIEWED

RESEARCH ARTICLE

Spiritual health practitioners' contributions to psychedelic assisted therapy: A qualitative analysis

Caroline Peacock, Jennifer S. Mascaró, Erin Brauer, Ali John Zarrabi, Boadie W. Dunlop, Jessica L. Maples-Keller, George H. Grant, Charles L. Raison, Fayzan Rab, Roman Palitsky

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Article	Authors	Metrics	Comments	Media Coverage
Abstract	Abstract			
Introduction	Background			
Methods	Psychedelic-assisted therapies hold early promise for treating multiple psychiatric conditions. However, absent standards for the care, teams providing psychedelic-assisted therapy pose a major roadblock to safe administration. Psychedelics often produce spiritually and existentially meaningful experiences, and spiritual health practitioners have been involved in administering psychedelic-assisted therapies in multiple settings, suggesting important qualifications for delivering these therapies. However, the roles and competencies of spiritual health practitioners in psychedelic-assisted therapies have not been described in research.			
Results	Method			
Discussion	This study examined interviews with 15 spiritual health practitioners who have facilitated psychedelic-assisted therapy. Thematic analyses focused on their contributions, application of expertise and professional background, and roles in administering these therapies.			
Limitations of study				
Conclusion				
Supporting information				
References				
Reader Comments				
Figures				



Why Should Chaplains Care About Psychedelics?

- **Care-seekers are having spiritual experiences - the healthcare field is unprepared**
- **Professionals currently involved have not been trained to address spiritual content**
- **Care-seekers in these therapies often wish to discuss matters of meaning, identity, purpose, spirituality...subjects that go far beyond a diagnosis**
- **In the context of medicalization, we can serve as a moral compass, with a perspective towards equity, accessibility, and cultural influences**
- **Once legalized, healthcare centers (and chaplains) will be involved**
- **Board certification standards for Chaplains require us to be current on research, especially areas of research in which spiritual care is involved**
- **More and more people will want to talk about the spiritual dimensions of their experiences**

Why Should ALL Chaplains Care About Psychedelics?

Today 8:37 AM

[REDACTED]: Burn injury after taking peyote for spiritual journey. Pt currently still fasting. requesting spiritual consult. [from: Tom(Burn) [REDACTED]]



Why the Psychedelic Community Should Care about Chaplains

- Professional Chaplains are subject matter experts in working with mystical / spiritual experiences and meaning-making, which benefits care-seekers in integration.
- Other clinical specialists are untrained or under-trained in working with religion and spirituality, putting care-seekers at greater risk for Adverse Events.
- Chaplain competencies are highly compatible with those of our interdisciplinary colleagues.
- Chaplains have historically been at the forefront of the development and implementation of clinical ethics.
- Chaplains are already integrated into healthcare models.
- Chaplain compensation is often lower than other disciplines, which increases accessibility.

Risks in Psychedelics

- Psychedelic experiences make clients particularly vulnerable to harm and therapist misconduct
- Recent stories have been reported on about therapy misconduct
 - Cover Story: Power Trip
 - Dr. Ben Sessa
- Without greater involvement of SERT dynamics, there is greater spiritual risk – especially for care seekers with religious trauma
- Psychedelic hype – adverse events poorly understood and often downplayed
- Research is incomplete – small sample sizes, lack of longitudinal studies, difficulty of blinding
- Research is slow – people hearing about psychedelics won't wait for legal structures to catch up.





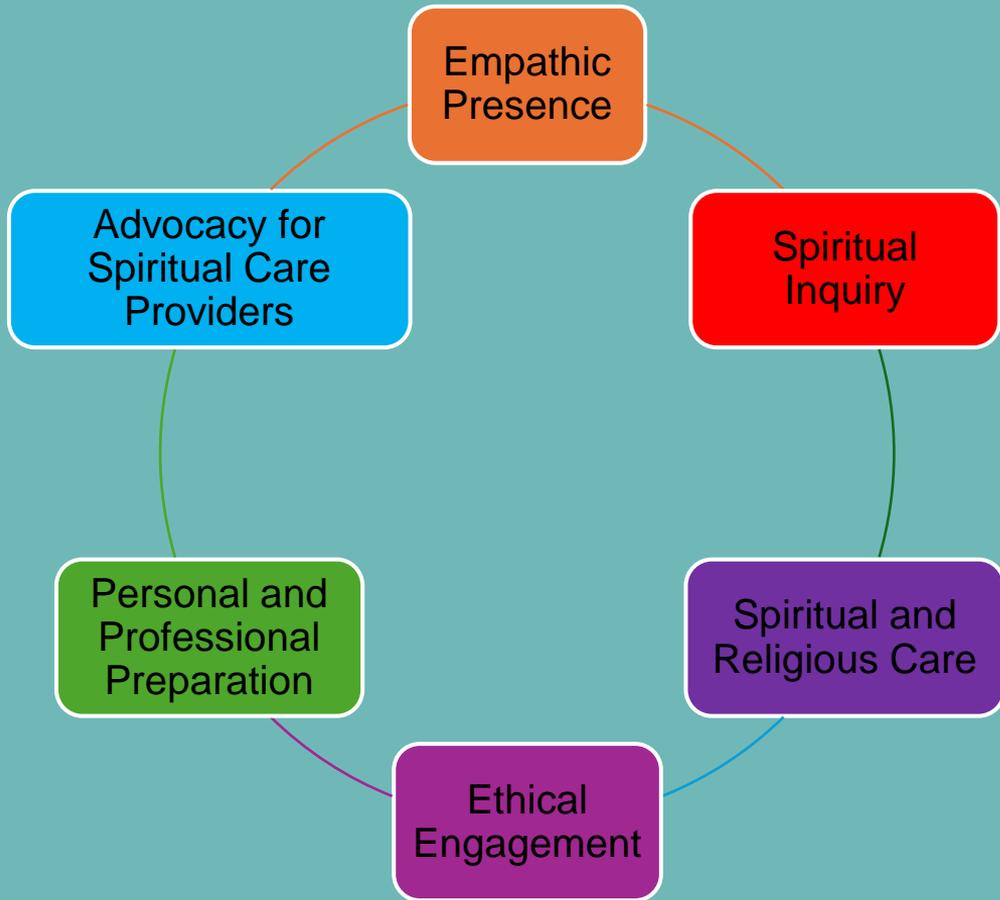
Cultural Risk

- Increased risk of the perpetuation of systemic inequities
- Limited access for minorities, and processes implicitly designed by white Western structures
- Cultural appropriation and influence of money
- Colonial mindset within Westernized medicine
- Lack of reciprocity or recognition of Indigenous wisdom
- Maria Sabina, who opened her home and sacred practices to a journalist for Times magazine, later regretted the decision after seeing the impacts of “psychedelic tourism” on her community and culture, citing a lack of respect for her sacred traditions
- We are at risk of repeating the same mistakes



Core Competencies for Chaplains in Psychedelic Care

- Transforming Chaplaincy Psychedelic Care Network Competencies Working Group
- Modeled to be compatible with other existing competency models:
 - Janis Phelps
 - Rochester et al
 - Board Certified Chaplain models
 - Association of Clinical Pastoral Education
- Guiding assumptions



Guiding assumptions:

- Non-hierarchical
 - Non-linear
 - Some skills are intuitive to Chaplains
 - Some skills are new
-
- These skills are to be understood specifically within the context of psychedelics



Core Competencies for Chaplains in Psychedelic Care

Empathic Presence

- Ability to establish and maintain open, safe, trusting relationships

Core Competencies for Chaplains in Psychedelic Care

Spiritual Inquiry

- Spiritual, psycho-social history
- Particular attention to implications of psychedelic interactions.



Core Competencies for Chaplains in Psychedelic Care

Spiritual and Religious Care

- Nuanced, non-directive intervention
- Ability to interact with spiritual/mystical experiences, religious ambivalence regarding the use of psychedelics, religious trauma.
- Guiding and integration practices
- Use of ritual
- Familiarity with complementary practices (i.e. Internal Family Systems, trauma-informed care, somatic therapeutic modalities, breathwork, expressive arts)
- Self-awareness and healthy use of self



Core Competencies for Chaplains in Psychedelic Care

Ethical Engagement

- Advocacy for BIPOC, LGBTQ+, marginalized & underrepresented communities
- Honoring of indigenous religious/cultural traditions
- Abiding by established ethical standards
- Informed consent



Core Competencies for Chaplains in Psychedelic Care

Advocacy for Spiritual Care Providers

- Within the psychedelic community
- Within the educational community
- Within the research community
- Ability to articulate the unique role of Spiritual Care providers





Core Competencies for Chaplains in Psychedelic Care

Personal and Professional Preparation

- Training/knowledge of psychedelic substances, treatment effects, risk factors, harm reduction, guidance and integration.
- Training and supervision in providing care in the context of psychedelics.
- Personal experience interacting with mystical and/or non-ordinary states of consciousness.



How Chaplains can be Involved in Psychedelics

Entry Level - Awareness that psychedelics are here and are likely to remain.

- Patients may seek meaning-making support, and that as professional chaplains, we are all responsible to be open to people of diverse spiritualities and spiritual experiences.
- Think through your own stance on psychedelics and how that might affect the population(s) you serve.
- Leave with questions and curiosity.



How Chaplains can be Involved in Psychedelics

Study & Exploration - Awareness that psychedelics are here and are likely to remain.

- **Mailing lists** - The Microdose (UC Berkeley), Lucid News, Google alerts
- **Webinars** – Harvard CSWR, Emory SoS
- **YouTube Channels** - DoubleBlind Magazine, Chacruna
- **Podcasts** - Psychedelics Today, Psychedelic Therapy Frontiers, The Psychedelic Podcast
- **Books**
 - Sacred Knowledge, Richards, William
 - How to Change Your Mind, Michael Pollan
 - The Psilocybin Companion, Janikian, Michele



How Chaplains can be Involved in Psychedelics

Communities of Learning - Awareness that psychedelics are here and are likely to remain.

- **Transforming Chaplaincy Psychedelic Care Network**
- **Shefa**
- **Ligare**
- **Local psychedelic societies**



How Chaplains can be Involved in Psychedelics

Formal Education

Certificate Programs*

- UC Berkeley Center for the Science of Psychedelics
- California Institute of Integral Studies
- Naropa University

Master's Degree

- University of Ottawa MA in Psychedelics and Consciousness Studies

*Buyer beware – no national standards for certification.



How Chaplains can be Involved in Psychedelics

Doing the Work

- **Researcher in Clinical Settings**
- **Therapist / Co-Therapist**
- **Guide**
- **Group Facilitator**
- **Integration Coach**
- **Retreat Leader**
- **Educator**
- **Legal Advocate**



Challenges for Chaplains in Psychedelic Care

- **Social stigma – endorsement, employment**
- **Licensure – currently there are no state or national licenses for professional Chaplains, making inclusion in psychedelic facilitator legislation difficult.**
- **Visibility – the role of Chaplaincy in healthcare is poorly understood and our interdisciplinary colleagues and researchers don't know we are a qualified, available, resource.**
- **Current legal frameworks make it difficult to gain experience in above-ground settings.**
- **Education/certification courses designed for therapists, physicians, etc., but not chaplains.**
- **Lack of opportunity and funding to participate in research.**

Transforming Chaplaincy Psychedelic Care Network

Join the Conversation!

"The Psychedelic Care Network convenes spiritual care professionals, researchers and educators engaged in or pursuing opportunities to begin psychedelic-assisted therapies. To support safe and ethical practices rooted in principles of justice, equity, diversity, and inclusion, we convene monthly to discuss current research and emerging best practices in psychedelic-assisted care, to contribute to this emerging field."

Monthly Network meetings: 3rd Tues. at 3pm EST/12n PST

Mighty Networks social network/resource site

Working Groups:

- **Core Competencies**
- **Education & Training Advocacy**
- **General Networking**



TRANSFORMING CHAPLAINCY



Follow-up

To receive this slide deck or for information on how to be involved in the Transforming Chaplaincy Psychedelic Care Network:

Email: s6lewis@health.ucsd.edu