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Supplementary Material

Article Title: Psychological Support Approaches in Psychedelic Therapy: Results from a Survey of Psychedelic Practitioners

Authors: David A. Bender, MD; Sandeep M. Nayak, MD; Joshua S. Siegel, MD, PhD; David J. Hellerstein, MD; Baris C. Ercal, MD, PhD; and Eric J. Lenze, MD

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LIST OF SUPPLEMENTARY MATERIAL FOR THE ARTICLE

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Supplementary Methods

Participant Recruitment and Data Collection

A clinicaltrials.gov search was conducted for the intervention search term "psilocybin" (conducted in November 2022, inclusions: active, not recruiting, recruiting, completed, terminated, not yet recruiting; exclusions: suspended, unknown status, withdrawn, enrolling by invitation), yielding 111 results. Another clinicaltrials.gov search was conducted for the intervention search term "lysergic acid diethylamide" (conducted in February 2023, identical inclusions and exclusions), yielding 20 results. Email contacts were extracted from all listed clinical trials (which included various parties including study contacts, investigators, project managers, study coordinators, medical directors, etc.), yielding 102 distinct email addresses for the psilocybin search and 7 distinct email addresses for the lysergic acid diethylamide search.

The study team distributed standardized emails (Supplementary Materials, Appendix 2) from the Washington University psychedelic research email address to all extracted email addresses. The email described the study, provided a link to complete the survey, and gave information about financial incentives for participation. Recipients were asked to confirm receipt of the email to confirm that the recipient in fact had seen the email, respond to the survey if they met inclusion criteria, distribute the study survey link to individuals they knew personally who met criteria for response to the study, and to provide data on the quantity of individuals to whom the link was forwarded. 4 total repetitions of the standardized email were delivered to addresses that did not confirm receipt of a recruitment email over up to an 8-week period. Addresses that confirmed receipt were not sent additional communication about the study. Study authors emailed personal contacts directly to provide the link for the study. Select respondents (up to 15 total) to the survey were distributed $100 gift cards as part of a lottery as an incentive for participation, and the first 30 respondents were offered $10 gift cards. Study staff sent the first recruitment emails on 3/29/2023, and the final emails were distributed on 6/6/2023. The final survey response was received on 7/19/2023.

The determination of response rate is imprecise given the anonymous nature of the study and method of data collection, but approximations can be made from available data. Recruitment methods depended upon confirmation of emails that may or may not have been received (e.g., some accounts may not be in use or monitored at the time of recruitment, or may not belong to a particular individual). There is also a lack of clarity on whether some individuals who were sent the survey met criteria for survey response.

There were 41 total respondents over the full period of data collection, of whom 40 met criteria for inclusion (one respondent was excluded because they only reported clinical experience with ketamine in their survey response).

19/109 contacts derived from clinicaltrials.gov confirmed receipt of a recruitment email. These contacts reported distributing the survey link to an additional 72 individuals. 11 personal contacts of the study authors were sent the survey, of whom 8/11 confirmed receipt of the survey distribution email (which included 3 study authors, S.N., J.S., and D.H.).

27 individuals received the survey on the basis of confirmation emails received by the study team (19 + 8). Up to 99 (27 + 72) total individuals received the survey on the basis of confirmation emails received (27 total) and distribution reports provided in email confirmations (72 additional individuals). Based on these data, the estimated response rate ranged from a minimum of 41.4% (41/99) to a maximum of 100% (41/41).

Data Analysis

E-Scores are quantitative representations of the degree to which individual respondents prefer an emotive or neuromodulatory response to treatment. E-Scores for individual respondents were calculated according to the equation:

$$E = (A - 3.5)/2.5$$

in which E =E-Score and A=average scale response for a given respondent after inversion as described above. This normalization means that a maximum emotive response = 1.0, a maximum neuromodulatory response = -1.0, and no preference = 0.

EFA was performed in MATLAB R2023b using the function *factoran* with orthogonal rotation. Items corresponding to latent factors were identified after a four-factor EFA as all individual items with factor loadings > 0.4. E-Scores were also calculated for individual latent factors determined by EFA.

Demographic items asked respondents to mark checkboxes on postsecondary degrees they had been awarded and substances that they had worked with in research settings (Table 1, Supplementary Materials—Appendix 1). They were allowed to select "other" for each question, and if respondents answered other, they were asked to describe further in free response. Percentages of respondents with specific educational backgrounds and experience with particular substances were determined from these answers.

Optional free response data were reviewed to determine type of psychedelic training (Table 1, Figure 4). Participants were asked, "Please describe the training you received to become a psychedelic therapist/facilitator/monitor." All specific references to institutions at which an individual trained or references to general apprenticeship at a research institution that were described was added to individual records. Respondents who reported training at multiple institutions/settings were included within each group. Other forms of reported training (e.g., via personal psychedelic use or attending conferences) were not included in analysis.

Supplementary Materials Appendix 1: Survey Content

This is a survey study conducted by the Washington University School of Medicine Program in Psychedelic Research. The study aims to characterize the perspectives on best practices for the administration of psychedelic therapies of individuals who have contributed clinically to psychedelic research studies. If you agree to participate in this study, you will be asked to answer questions in an anonymous survey about your opinions on appropriate ways to approach the clinical administration of psychedelic substances.

You are not required to provide your name or contact information to participate in this study, but you will be asked to provide demographic information to better characterize the respondent population.

The information you provide here will be analyzed and published as part of an overall data analysis. No potentially identifying information gathered from your survey results will be published. The Washington University IRB has approved this study.

If you are interested in entering into a raffle for one of fifteen $100 gift cards (to Amazon.com), please enter your email into the separate email address submission survey. A link to this will be provided immediately following submission of this survey. Upon completion of the study, fifteen randomly chosen respondents will be sent information about these prizes as a token of gratitude for participation.

You should only respond to this survey if:

- You have served as a therapist/facilitator/monitor in at least 2 sessions with a classical psychedelic (including psilocybin and LSD, but NOT including MDMA or ketamine) in a research setting as part of a healthy volunteer study or clinical trial, AND/OR
- You have served in a senior investigator role (e.g., P.I. or co-P.I.) in a study involving a classical psychedelic drug

The following questions apply to only classical psychedelics, which for this study refers to psilocybin, LSD, mescaline, and DMT. They do not apply to ketamine or MDMA treatment. You should interpret the word “psychedelic” in the following questions accordingly. The word "participant" should always be understood to refer to an individual being administered a psychedelic compound in a research or professional setting. The words “facilitator” and “therapist” refer to individuals trained to oversee psychedelic sessions.

All required questions are answered on a 6-point Likert scale, except for questions 29 and 30. Several open-ended questions at the end of the survey are optional, but we encourage you to answer these as well.

Demographic Information

-Please list the postsecondary degrees that you have been awarded.

B.A./B.S.

MSW

LCPC

M.D./D.O.

Clinical Psychologist (Ph.D. or Psy.D.)

Ph. D. (Natural or social sciences)

Other

-How many years of experience do you have working with psychedelics in a research setting?

-How many total sessions with classical psychedelic drugs have you overseen in a research or approved clinical setting? If you are unsure, please estimate.

-Which substances have you previously worked with in a research setting and/or are currently working with? (Select all that apply)

Psilocybin

MDMA

LSD

Other

-If you selected "other" above, please specify:

-Please describe your primary areas of focus in clinical practice (e.g., psychodynamic psychotherapy, CBT, crisis counseling, psychopharmacology, inpatient psychiatry, addiction treatment, etc.).

-What is your current state (if living in the United States) or country of residence? (OPTIONAL)

-Which academic institution are you currently employed by, if applicable? (OPTIONAL)

Please indicate the extent to which you agree or disagree with the following statements.

1) It would be effective to administer psychedelics in a carefully tailored group setting.
2) Participants should be informed during preparation that a primary goal of treatment is to attain a transformative or transcendent experience.
3) Many individuals with psychiatric conditions would benefit from psychedelic treatments with only brief preparatory psychoeducation, rather than in the context of sustained psychotherapy.
4) The development of trusting relationships with facilitators is vital to the effectiveness of psychedelic treatments.
5) People often learn important things about the nature of reality through psychedelic experiences.
6) Inclusion of religious and/or spiritual imagery (e.g., statues of the Buddha) in treatment spaces is inappropriate.
7) It is unprofessional for therapists to have full-body contact (e.g., sustained hugs or cuddling) with recipients of psychedelic therapy during treatment sessions.
8) Fear or confusion that can be caused acutely by psychedelics should be characterized to participants during preparation as adverse effects of the treatment (as opposed to potentially therapeutic effects).
9) Psychedelic treatments are most effective if administered in the context of established psychotherapeutic relationships, as opposed to with specialized facilitators with whom the participant has a comparatively temporary relationship.
10) Psychedelic treatment is best understood as a form of psychotherapy.
11) Individual psychotherapists should not be able to offer psychedelic treatment during the course of sustained psychotherapy without additional oversight to determine the appropriateness of these interventions.
12) The rituals surrounding psychedelic administration are more important to treatment outcomes than any inherent neurobiological effects of the chemical compounds.
13) The likelihood of a transformative psychedelic experience is closely related to the strength of the bond between the facilitator and the participant.
14) Dysphoria or sadness caused acutely by psychedelics should be characterized to participants during preparation as adverse effects of the treatment (as opposed to potentially therapeutic effects).
15) Bodywork, such as the application of physical contact or resistance for the participant to push against to promote emotional release, should be used in psychedelic therapy.
16) It is important to use a therapeutic dyad rather than a single facilitator to oversee psychedelic treatment sessions.
17) The primary goal of psychedelic treatment is to induce a transformative or transcendent subjective experience.
18) It is unsafe to administer psychedelics to participants overseen by facilitator(s) who do not know the participant well.
19) It is consistent with principles of professionalism for facilitators to cry with recipients of psychedelic therapy during treatments.
20) A psychedelic session that is mostly unpleasant is unlikely to lead to clinical benefit.
21) Religious or spiritual language (e.g., mystical, sacred, transcendent) should not be used to characterize psychedelic experiences to participants.

22) If a participant is unable to let go of psychological defenses and have an experience of emotional breakthrough, then they are unlikely to experience meaningful clinical improvement.
23) Intensive discussion of the underlying psychological meaning of a particular psychedelic experience after the experience has concluded is vital for achieving a sustained treatment effect.
24) Psychedelic treatments are most appropriately administered within centers for interventional psychiatry that offer comparable treatments like ketamine, esketamine, and TMS.
25) During preparation, recipients of psychedelic therapy should be told that they are likely to gain new psychological insight or wisdom as a result of their treatment.
26) One should not hesitate to administer sedating medications to temper unpleasant experiences that can occur while under the influence of psychedelics.
27) Therapeutic touch, such as hand holding, is a crucial component of supporting recipients of psychedelic treatment.
28) De-emphasizing the importance of the subjective experience is likely to negatively affect treatment outcomes.
29) Individuals with serious mood, anxiety, or trauma-related disorders receiving psychedelic treatment should have at least ____ hours of preparation prior to receiving treatment for the first time. (Options: 1, 2, 4, 6, 8, 10+ hours)
30) Individuals with serious mood, anxiety, or trauma-related disorders receiving psychedelic treatment should have at least ____ hours of integration after receiving treatment for the first time. (Options: 1, 2, 4, 6, 8, 10+ hours)

-If you have any additional thoughts or comments regarding the questions/topics above, please describe them. Include the pertinent question number at the start of each comment.

Optional Questions

1) Please describe the training you received to become a psychedelic therapist/facilitator/monitor.
2) Which types of therapeutic touch do you feel should be used with recipients of psychedelic therapy (including, but not limited to, MDMA and psilocybin)?
3) Are there specific psychiatric conditions that may require more or less intensive psychological support outside of dosing sessions? Please describe.
4) Given your experience, do you feel that distinct approaches to psychedelic treatments are appropriate for particular compounds (e.g., psilocybin, MDMA, ketamine)?
5) What are the most challenging circumstances that you have managed with a participant during a psychedelic research study, either during or after a treatment session? If you feel that it will be impossible to answer this question in a way that maintains the anonymity of the participant, please leave this question blank.

Additional Information

If you have any questions about the research study itself, please contact psychedelics@wustl.edu. If you have questions, concerns, or complaints about your rights as a research participant, please contact the Human Research Protection Office at 1-(800)-438-0445 or email hrpo@wustl.edu.

Individuals who are awarded a gift card for participation will be asked to provide additional information per requirements of the WUSTL Tax Department. Providing this information is optional to participate in the study or enter the raffle, but is required to receive compensation. All information collected for this purpose will be collected via a secure REDCap database, and is not associated with survey responses. A link to provide this information will be sent via email upon determination of prize winners.

Supplementary Materials Appendix 2: Standardized Recruitment Email

Dear [Designated Recipient of Email],

We are getting in touch from the Washington University School of Medicine Program in Psychedelic Research about a new survey study. You have been sent this email because you are listed as a study contact on clinicaltrials.gov for a current or past research study involving the administration of psilocybin or LSD to human participants. The study aim is to characterize perspectives on best practices for the administration of psychedelic therapies of individuals who have contributed clinically to psychedelic research studies.

We would greatly appreciate if you would distribute the survey link ([Include REDCap Survey Link]) to individuals who meet inclusion criteria, and personally answer the survey if you meet inclusion criteria. The first thirty respondents will each receive

$10 gift cards (to Amazon.com) as a token of gratitude for their participation. In addition, fifteen $100 gift cards will be distributed at the conclusion of the study to randomly chosen respondents.

Inclusion criteria for responding to the survey include:

1) Individuals who have served as a therapist/facilitator/monitor in at least 2 sessions with a classical psychedelic (including psilocybin and LSD, but NOT including MDMA or ketamine) in a research setting as part of a healthy volunteer study or clinical trial, AND/OR
2) Individuals who have served in a senior investigator role (e.g., P.I. or co-P.I.) in a study involving a classical psychedelic drug

Please confirm receipt of this message by responding to this email. When confirming receipt, if you also distributed the survey to others, **please also provide us with information on how many individuals to whom you have distributed the survey link to or forwarded this email to** (NOT the names of these individuals).

We greatly appreciate your role in helping us to conduct this study and advance the field of psychedelic therapies. The survey link is provided below:

[(Include survey link)]

-The WashU School of Medicine Psychedelic Research Team

Supplementary Materials Appendix 3: Represented Institutions, Nations, and U.S. States

Institutions Represented	**States Represented**	**Countries Represented**
University of California-SF	California	U.S.
Emory University	Georgia	Canada
Johns Hopkins University	Maryland	Denmark
University of Utah	Wisconsin	Switzerland
McMaster University	Utah	
University of Iowa	Iowa	
Psychiatric Center Copenhagen	Missouri	
Washington University in St. Louis	New York	
Columbia University	Connecticut	
Northwest Trauma	Ohio	
University of Basel	Arizona	
Yale University		
University of Wisconsin-Madison		
New York University		
Ohio State University		
Rigshospitalet		