

# PSYNAPSE

THE NEWSLETTER OF THE CPA'S PSYCHOPHARMACOLOGY SECTION

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# A MESSAGE FROM THE EDITORS

Bryan Butler, Ph.D. & Jérémie Richard, Ph.D.

Newsletter Editors

Dear members of the CPA Psychopharmacology Section,

It is our pleasure to present our Fall/Winter 2024 newsletter—Happy New Year to you all! In this issue, we are proud to finally announce and share a recent publication, ***Prescriptive authority for psychologists and scope of practice: A national survey of Canadian psychologists and psychology students***, published in *Canadian Psychology / Psychologie canadienne* by members of our section and was recognized as an APA's Editor's Choice Article. The full reference for the article can be found below including APA PsycNet webpage where it can be downloaded for free in February 2025.

Sepehry, A. A., Nussbaum, D., Shearer, D., Toledano, R., Ax, R. K., Velikonja, D., Butler, B., & Richard, J. (2025). Prescriptive authority for psychologists and scope of practice: A national survey of Canadian psychologists and psychology students. *Canadian Psychology / Psychologie canadienne*, 66(1), 1–14. <https://doi.org/10.1037/cap0000404>

APA PsycNet webpage: <https://psycnet.apa.org/record/2025-60323-001>

In this issue, we begin with a contribution from **Léandre Sabourin, Dr. Christophe Huynh, and Dr. Jean-Sébastien Fallu**, at the University of Montreal. In this brief article, Sabourin and colleagues present partial results from a qualitative study examining the naturalistic use of psychedelics and their relationship with alcohol use. There have been growing calls for qualitative research to better understand the subjective effects of psychedelics and this article presents meaningful details on the psychology of why psychedelic use can be associated with decreases in alcohol use.

Second, **Dr. Jérémie Richard** continues his very interesting and ongoing series sharing the continued developments of his work conducted at the Johns Hopkins University School of Medicine as part of the Center for Psychedelic & Consciousness Research. Within this work, he references two of his most recently published scientific articles while providing additional details on his ongoing work in clinical trial research involving psilocybin-assisted psychotherapy.

The final contribution included as part of this issue of *PSYNAPSE* ends (as always) with another lyrical penning by **Dr. Pat DeLeon** (former APA President). In Dr. De Leon's contribution, the broader waves of change beyond RxP as it relates to mental health care in the United States are presented. Specifically, he provides an overview of mental health-related policies and their evolution, including an increased focus on providing services to marginalized communities (i.e., older adults, Native Hawaiians, servicemembers,

mothers and children). Moreover, policies indicative of a societal shift towards embracing community-based public health initiatives are detailed.

As we are constantly open to receiving feedback about ways to improve the newsletter, we are introducing a section at the end of this issue sharing recently published RxP-related podcast episodes and media. Please let us know if you come across a podcast, news article, video interview, etc., that you think our membership might find interesting!

Enjoy!

Kind regards,

Bryan and Jérémie

### PSYNAPSE CALL FOR CONTRIBUTIONS

We are always looking for contributions to the newsletter and welcome any ideas you may have. Here are some examples of what you might submit:

- ▶ Brief articles on psychopharmacology-related topics
- ▶ Short summaries of recently published research related to psychopharmacology
- ▶ Reviews of recently released books related to psychopharmacology
- ▶ Experiences of psychologists who have completed a post-doctoral M.Sc. in Clinical Psychopharmacology
- ▶ RxP-related podcast episodes and media
- ▶ Advertisements for jobs—or anything else that might be of interest to section members!

Submissions will be reviewed by Dr. Bryan Butler and Dr. Jérémie Richard and can be sent to: [drbryanbutler@gmail.com](mailto:drbryanbutler@gmail.com) or [jeremie.richard@mail.mcgill.ca](mailto:jeremie.richard@mail.mcgill.ca).

Previous newsletters can be accessed here: <https://cpa.ca/sections/psychopharmacology/newsletters/>



# The Subjective Experience of Psychedelic Use and its Impact on Alcohol Consumption: An Interpretative Phenomenological Analysis

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## Abstract

Psychedelics have gained increasing attention for their potential to influence substance use behaviours, including alcohol consumption. While clinical trials have documented promising outcomes, research on naturalistic psychedelic use remains limited. This study employs a qualitative approach using Interpretative Phenomenological Analysis (IPA) to explore how naturalistic use of psychedelics impacts individuals' relationship with alcohol. Semi-structured interviews were conducted with 15 participants from Montreal, focusing on their experiences with psychedelics, alcohol, and the interplay between the two substances. Preliminary findings reveal two key mechanisms underlying changes in alcohol consumption: (1) enhanced self-awareness, including increased sensitivity to social contexts and deeper connections to intrinsic motivations, and (2) replacement of alcohol with psychedelics in social settings due to perceived mental clarity and personal preference. These results expand on prior large-scale surveys reporting reduced alcohol consumption following psychedelic use and offer insights into the subjective experiences driving these changes. Although limited by sample size and geographic scope, this study underscores the potential of psychedelics to foster healthier behaviours. Future research should explore longitudinal outcomes, the role of specific substances, and the integration of psychedelic experiences into daily life.

## Introduction

Classic psychedelics are a subclass of psychedelics known to act as agonists of the 5HT<sub>2A</sub> serotonergic receptor and include psilocybin, LSD, ayahuasca/DMT and mescaline (Mendes et al., 2022). The relationship between classic psychedelics and alcohol has been explored in a clinical setting. For psilocybin, Bogenschutz et al. (2022) conducted a randomised controlled trial (RCT) of psilocybin-assisted psychotherapy for alcohol use disorder (AUD), demonstrating a significant reduction in the percentage of heavy drinking days amongst participants up to 36 weeks following the psilocybin administration.

Regarding LSD, Krebs and Johansen (2012) conducted a meta-analysis of six RCTs on LSD and alcohol use disorder (AUD), encompassing 536 participants and studies published between 1943 and 2010. Their findings revealed a significant reduction in heavy drinking episodes at both 2–3 months and 6 months post-treatment. For ayahuasca, Grob et al. (1996) studied ayahuasca in a ritualistic context and shows a notable reduction of alcohol consumption amongst 5 of 15 participants who had AUD. Similar results were replicated by Thomas et al. (2013) amongst a community of First Nation of Canada who participated in a 4-day ayahuasca retreat, and all reported a reduced alcohol, tobacco and cocaine use.

Patterns of the naturalistic (i.e., non-clinical) consumption of psychedelics has been on the rise in many countries across the last decade (Lake & Lucas, 2024; Winstock et al., 2021). A number of large survey studies have provided insights into a range of associations with psychedelic use that have remained unexplored as part of clinical trials. Some of these surveys reported a reduction in alcohol consumption following LSD (Boehnke et al., 2023; Garcia-Romeu & al., 2019; Glynos et al., 2024), psilocybin (Boehnke et al., 2023; Garcia-Romeu et al., 2019; Glynos et al., 2024), ayahuasca (Barbosa et al., 2018; Glynos et al., 2024; Lawn et al., 2017;) and mescaline (Agin-Liebes et al., 2021; Prince et al., 2019). The effect of DMT and 5-MeO-DMT were measured but were found to be less impactful than the others above (Boehnke et al., 2023; Glynos et al., 2024).

Overall, studies on classic psychedelics and alcohol consumption use diverse methodologies, including controlled clinical trials and naturalistic studies, each with strengths and limitations. Clinical trials provide robust evidence of reduced heavy drinking, while naturalistic studies offer valuable real-world insights, though some of them are limited by small sample sizes, self-reporting biases, and retrospective designs.

### **Objectives of the Study**

The goal of the present study is to delve deeper into the acute psychedelic experience and its profound impact on individuals, particularly in the context of their relationship with alcohol. By focusing on the immediate, subjective experiences induced by psychedelics and using a qualitative methodology in a naturalistic setting, this study aims to capture the essence of how these transformative moments shape the person. Understanding the lived experiences of psychedelic users allows us to explore the range of acute effects, key insights, and long-term consequences that contribute to changes in their alcohol consumption patterns.

### **Methods**

Fifteen participants were recruited in the region of Montreal, Canada. Inclusion criteria were the following: to be above 18 years old, have consumed a classic psychedelic at least once over the last year, have consumed alcohol at least once in their lifetime and speaking French. Participants were excluded if they never drank alcohol, had neurological or psychopathology that altered their communication skills or were intoxicated during the interviews. Participants were initially recruited through Facebook, followed by snowball sampling to access a population that would otherwise be difficult to reach using conventional recruitment methods (Naderifar et al., 2017). The study received ethical approval from the Ethics Committee of the University of Montreal.

### **Procedure**

Interpretative phenomenological analysis (IPA) was used as our qualitative framework. This method permits the understanding of the lived experience of individuals and the sense they give to them according to their reality (Restivo et al., 2018; Spiers & Smith, 2019). Semi-structured interviews were conducted in person in a closed office at the Institut Universitaire sur les Dépendances (IUD) in Montreal or in a place chosen by the researcher and the participant.

### **Measures**

The interview guide was made of three main sections: questions on the acute and global experiences with psychedelics, experiences with alcohol and the relationship between the two substances. Interviews were

transcribed using the transcription software Sonix (2024) and listened a second time to check for accuracy. Interview transcripts were coded using Dedoose (2023) qualitative data analysis software.

The interview guide consisted of three main sections: questions exploring acute and overarching experiences with psychedelics, experiences with alcohol, and the interplay between the two substances. Interviews were transcribed using the Sonix (2024) transcription software and reviewed a second time to ensure accuracy. The transcripts were then analysed and coded using Dedoose (2023) qualitative data analysis software. Hybrid coding, a mix of inductive and deductive thematic analysis, which gives the flexibility to integrate new categories in our analysis if we find emerging themes, while having categories based in the existing literature (Boyatzis, 1998; Fereday & Muir-Cochrane, 2006). To ensure the validity of the coding process, two researchers (CH and LS) independently coded a subset of the data. Discrepancies were discussed and resolved collaboratively to achieve consensus, establishing a consistent coding framework. The remaining transcripts were then coded by a single researcher (LS), following the agreed-upon approach.

## Results

Fifteen participants reported their age, which at the time of the interview ranged from 20 to 65 ( $M = 33.3$ ,  $SD = 12.38$ ). Amongst our sample of participants, the psychedelics that were the most consumed were psilocybin ( $N=14$ ), LSD ( $N=12$ ), ayahuasca ( $N=5$ ), DMT ( $N=6$ ) and mescaline ( $N = 3$ ). The IPA allowed us to identify four main themes: (1) motives to consume psychedelics, (2) key factors in the change of alcohol consumption patterns, (3) combination of alcohol and psychedelics and (4) perceived therapeutic potential of classic psychedelics. For this brief report, we will present data centered on one of the main themes: key factors in the change of alcohol consumption.

### Key Factors in The Change of Alcohol Consumption

#### 1) Enhanced Self-Awareness (P3, P4, P7, P8, P9, P11, P14)

Firstly, an important reason why participants changed their alcohol consumption is the development of a better internal awareness following their experiences. This new acquired self-awareness due to their psychedelic experiences led to a change of alcohol consumption because of two sub-themes, which are (1) increased sensitivity toward social context and (2) deeper connection with their intrinsic motivation.

##### **1.1) Increased sensitivity toward social context.**

Participant reported that psychedelics made them more sensitive to the context in which they consumed, the people with whom they were and their mental state when consuming alcohol. P3 shared that psychedelic led them to 'take more in consideration of the set and setting in which they decided to consume' (P3). He would ask himself, 'Why do I want to consume alcohol? Am I in the right context? What are the effects I am looking for?' (P3). P11 mentioned that he 'reconsidered our society and the habits that we do without really thinking' when he was surrounded by like-minded people that didn't drink alcohol.

Finally, P9 realised, during his psilocybin experiences, that he was drinking in part because of the social pressure induced by his surroundings and society:

'I think it has to do with the social aspect, and the fact that it is societal [alcohol consumption]. Mushrooms makes you realise that this societal pressure exists, and you don't need them to live.'



And that these societal pressures, we can get rid of these societal pressure with enough willpower.’ (P9)

### **1.2) Deeper connection with their intrinsic motivation.**

Other participants (P4, P7, P8, P14) found that their psychedelic experiences led them to connect more deeply into their true self and motivations, which then made them realise why they partake in alcohol consumption and if it was a part of their identity to drink. P8 shared that 'psychedelics, but more specifically ayahuasca, makes you reconnect more with your motivations, which makes you way more intentional in your decisions' (P8). He also mentioned the following:

‘I think that psychedelics help me to find the centre of my body. You know, this sensation of security, of love for yourself, you know that makes you way more impermeable towards consumption.’ (P8)

Furthermore, P4, who attended ayahuasca and psilocybin retreats, had made the decision to reduce his consumption before using psychedelics; the ceremonies helped him ‘better fill the void [that he stopped filling with alcohol] in a healthier way’ (P4). It also helped him ‘find a sense of security and love of myself, which made me more permeable towards drug consumption’ (P4). P7 also reported that ayahuasca ceremonies made him ‘look into the desire to take a glass of wine, why I am craving a glass of wine, what is the deep motivations behind it?’ (P7). Finally, P14 mentioned that psilocybin helped him to ‘get out of his life’s habit’ and that ‘it helps you move on, especially when you take drugs, and you cannot get out of this drug cycle you’re in’ while talking about his consumption of alcohol and crystal meth.

## **2) Replacement of Alcohol with Psychedelics (P1, P2, P3, P8, P10, P11, P12, P13, P14)**

The second reason participants altered their relationship with alcohol was the substitution of alcohol with psychedelics, following their discovery of the effects of these psychoactive substances. Mainly, they reported that psychedelics were (1) preference for psychedelics in recreational settings and (2) preference for the mental clarity brought by psychedelics.

### **2.1) Preference for psychedelics in recreational settings.**

In a recreational setting, some participants (P2, P3, P8, P10, P11, P13) found that they preferred to use psychedelics instead of alcohol, because the experience given by these substances, compared to what they could get with alcohol for the same price, was incomparable. For instance, P3 reported that ‘with a tab of LSD, you can reach incredible mental state for way cheaper’ (P3).

Interestingly, microdosing has been mentioned by many participants. While some used them to ‘enhance creativity’ (P2) or ‘to concentrate and write’ (P8), microdosing has been mentioned as a way to recreate the effect of alcohol in a social context. P12 mentioned that he often replaced alcohol with a psychedelic microdose because ‘it cost way less, you don’t feel the need to go to the bathroom every 5 minutes and it mixes better with THC’ (P12). Similarly, P1 also said that ‘when you take mushrooms, or in a microdose, during the time you take it, I wasn’t drinking at all nor felt the need to’ (P1).

Finally, P10, mentioned that he loved psilocybin in a party setting ‘because it keeps you awoken and energised [→...] while not succumbing to the fatigue that alcohol often gives me’ (P10). He uses microdosing as a tool to ‘last longer during the night and drink less’ (P10). Finally, P13, who consumed

exclusively in festive environment, added that he can ‘replace psychedelics with the feeling of being drunk’.

‘Certain people can find the pleasure they find in alcohol, but with a microdose of LSD.’ (P13)

## **2.2) Preference for the mental clarity brought by psychedelics.**

Secondly, some participants (P1, P6, P8 and P11) reported that psychedelic were contrasting with the numbing effect that alcohol had. P1 said that that ‘you consume alcohol to numb yourself from the sickness of living. And with psychedelics, you reconnect, in a mystical way, with the universe and nature, with something in which you are part of’ (P1). This comparison of alcohol being numbing, and psychedelic eye opening was also mentioned by P8 when referring to his ayahuasca experiences:

‘Alcohol makes you lose your consciousness, all your mental clarity, which is what ayahuasca gives you 100 miles an hour.’ (P8)

P6 also associated psychedelics with ‘something healthy [...] because of what it can bring to me, moreover. It’s pretty much therapeutic, whereas alcohol is nice when you take it, but it doesn’t bring you anything after’ (P6). Finally, P11 shared this personal reflection, regarding the intensity of the hangover after his psychedelic experiences:

‘It’s just that when I didn’t drink alcohol for a long time and I had beautiful stimulating, profound and ludic experience with psychedelics. [...] When I restarted to drink again and I had an alcohol withdrawal, I realised that I had normalised these effects that I was feeling. And because I haven’t had a proper hangover in months, I found it really intense [...]. I realised how much having a hangover twice a week in a regular life was really intense for the body.’ (P11)

## **Discussion**

Our study aimed to understand how the naturalistic use of psychedelics influences the relationship with alcohol. By employing a qualitative approach through Interpretative Phenomenological Analysis (IPA), we captured the nuanced lived experiences of 15 participants who used both substances. About half our sample (N = 8/15) admitted that psychedelics significantly impacted their relationship with alcohol. Here, we showed preliminary results of two themes that encapsulate the mechanism behind changes in alcohol consumption: Better self-awareness and Replacement of alcohol with psychedelics. Our findings add nuance to prior large-scale survey studies that documented a reduction of alcohol consumption following the use of psychedelics (Garcia-Romeu et al., 2019; Glynos et al., 2024).

### **Limitations and Future Directions**

Firstly, the small sample size (N = 15) and the focus on participants from a single geographic region (Montreal) limit the generalisability of our findings. Additionally, self-selection bias may have influenced our sample, as participants with strong opinions about psychedelics’ impact on their alcohol use may have been more likely to participate. Secondly, while qualitative methods provide deep insights and precision of previous quantitative results, the results do not allow us to establish a direct causation. Future studies could combine qualitative and longitudinal quantitative approaches to explore how these mechanisms unfold over time.

Future research could expand upon our findings by exploring the role of specific psychedelic substances and doses in shaping alcohol-related behaviours. For example, one could ask if the introspection elicited by



psilocybin differs from that of LSD or ayahuasca in terms of its impact on alcohol use. Additionally, investigating the role of set and setting in greater detail may help identify the conditions under which psychedelic experiences are most likely to lead to positive behavioural changes. Finally, exploring the integration of psychedelic experiences into everyday life is crucial. Many participants mentioned the importance of post-experience reflection and social support, suggesting that these factors may mediate long-term changes in alcohol use.

## Conclusion

Our study highlights the transformative potential of the naturalistic use of psychedelics in altering alcohol consumption patterns. By bringing up self-awareness and providing an alternative to alcohol in social contexts, psychedelics may serve as catalysts for healthier behavioural changes. While these findings contribute to our understanding of the complex relationship between psychedelics and alcohol, further research is needed to elucidate the mechanisms at play and to deepen our understanding of the psychedelic experience.

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# Experiences in Scientific Psychedelia – Part Three

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*“Horizon is the line between what we think we know and what we do not know, between what we think we see and do not see: horizons mark the threshold between the world that I inhabit and the one that seems to wait for me, between a world I can almost understand and what lies beyond the imagination of my present life. Horizons are creative, disturbing, invitational edges just by the fact that they exist.”*

**David Whyte**

## Horizons and the Unknown

This past year has proceeded in quite an unpredictable manner. The people I have met, the relationships I have had a chance to develop, and the places I have had the privilege of experiencing leave me feeling tremendous awe and gratitude. Who knew that the scientific study of psychedelics could result in emotional experiences equivalent to their acute subjective effects (see Goldy et al., 2024 for a review of 11 distinct positive emotions commonly associated with psychedelic experiences). In this third contribution as part of *Experiences in Scientific Psychedelia*, I would like to share some of my involvements in research throughout 2024 and to provide some preliminary thoughts on the evolving social and political context of clinical psychedelic research.

Without being overly dramatic, I believe the summer months of 2024 were of monumental importance in the history of psychedelic science. In June 2024, the Food and Drug Administration (FDA) advisory committee ruled 9 to 2 against evidence of efficacy in Lykos Therapeutics’ MDMA-Assisted Psychotherapy (MDMA-AP) for post-traumatic stress disorder (PTSD) (FDA, 2024). This ruling was followed by the formal August 2024 determination by the FDA that an additional Phase 3 study will be required prior to potential approval.

This FDA determination has generated a lot of discussion in both formal and informal contexts. If anything, it has brought to light many of the challenges confronting the field of clinical psychedelic research, but also the broader domain of psychiatry and the available pathways towards the approval of novel pharmacological treatments that feature a behavioral intervention. What is clear to me from these events is that many people, from all walks of life, are invested in the future of psychedelic treatments. For better or for worse, science is a slow and laborious process. I can understand how not everyone has the patience, or more importantly, the privilege, of waiting to gain access to a potentially life-changing alternative treatment option (Davis et al., 2022; Mitchell et al., 2023). Despite the challenges the field will have to confront, I maintain a sense of optimism and hope for the future.

What I believe the field of clinical psychedelic research needs more than ever at this crucial turning point is a comprehensive field-wide discussion, based on available evidence, of the risk and benefits profile of psychedelics. Conversations about psychedelics, especially online, can too rapidly devolve into *hype* or *demonization* which I do not believe is constructive for any domain of empirical inquiry. Instead, what this conversation requires is an ongoing dynamic process of knowledge acquisition, self-awareness and perspective taking. Until now, I made the decision not to engage in any online discourse surrounding these topics. From my vantage point, I saw too many strong opinions and too little empathy and consideration. Instead, I turned my attention to having collegial face-to-face conversations (followed up with inevitable virtual meetings) on topics that I believed were of central importance: refining research methodology and clearly defining the current limitations of regulatory frameworks and policy. My goal, in hindsight, was to engage in a deep and meaningful manner on specific issues where my relevant expertise could result in tangible and actionable solutions. My hope is that the insights I derived from these conversations will be reflected in my forthcoming contributions to the field.

Now, shifting focus back to events that transpired over the past year... From June to November 2024, I had the incredible opportunity to travel to Haarlem (Netherlands) for the *Interdisciplinary Conference on Psychedelic Research*, Montreal (Quebec, Canada) for the *College for Problems in Drug Dependence 87th Annual Scientific Meeting*, Ottawa (Ontario, Canada) for the *Canadian Psychological Association 86th Annual Convention*, Prague (Czech Republic) for the *33rd International Congress of Psychology*, Washington, D.C. (United States) for the *Hopkins-Oxford Psychedelic Ethics (HOPE) Summit*, and Hamilton (Ontario, Canada) for the *Canadian Society for Addiction Medicine Scientific Conference*. Through these experiences, I gained a deeper understanding of psychedelic research and forged connections with a global community of researchers, clinicians, and advocates, affirming that the journey, both personal and intellectual, is as impactful as the destination.

Across these scientific meetings, I talked to researchers from across all continents (unfortunately, excluding Antarctica) and heard diverse perspectives about the future of psychedelics in psychology and psychiatry. From ignorance about psychedelics to enthusiasm for their transformative potential in health care, these discussions emphasized the need for a thoughtful and balanced conversation. To recognize the horizon dividing the known from the unknown and developing a capacity to accompany others who may not yet see its contours. Following some of the points I made in my earlier digression about the FDA determination on MDMA-AP, it is not only important to explore the risks and benefits of psychedelics, but also to cultivate a deep understanding of the foundational insights that influence our theoretical paradigms.

### **Research Updates: Psychedelics and Addictive Behaviors**

Since my last *PSYNAPSE* contribution, a major part of my work has been the continuation of involvement in psilocybin-assisted psychotherapy clinical trial research. Not only have I continued my involvement in the post-treatment Lyme disease (Clinical Trial ID: NCT05305105) and tobacco use disorder (Clinical Trial ID: NCT05452772) trials as described in my previous contribution, but I have also been involved in an open-label pilot study investigating psilocybin-assisted psychotherapy for cannabis use disorder (Clinical Trial ID: NCT06660381). Although the tobacco use disorder trial remains ongoing across three sites, an important update related to the post-treatment Lyme disease trial is that the study has completed enrollment, and results are actively being analyzed and compiled.

The cannabis use disorder trial is utilizing a combination of targeted cognitive behavioral therapy (CBT) intervention (4 sessions), followed by two psilocybin dosing sessions: a moderately high dose (25mg) of psilocybin in week 5 and either another moderately high dose (25mg) or a high dose (35mg) in week 7 of treatment. The synergy between CBT and classic psychedelics including psilocybin has been described in a previous review published by my colleagues (Yaden et al., 2023). Based on this model, it is hypothesized that the acute subjective experiences of psilocybin can help enhance a person's understanding of cognitions and behaviors related to substance use and promote reduced use or abstinence.

Outside of clinical trials, I am grateful to announce that my scoping review on the topic of psychedelics and addictive behaviors has now been published in *Current Addiction Reports*. This review entitled “Psychedelics in the treatment of substance use disorders and addictive behaviors: A scoping review” is the result of over one year of work synthesizing in a systematic way all of the available peer-reviewed literature on the topic of psychedelics and SUDs from January 1950 to September 2024 (Richard & Garcia-Romeu, 2025). One aspect I am especially proud of is the organization of the Results section. The Results are organized so that the reader can first sort the results based on **substance use disorder** (e.g., alcohol, opioid, tobacco), and second based on **type of psychedelic** (e.g., LSD, psilocybin, DMT, ketamine, ibogaine). The ordering is also organized based on the **total number of available studies** and overall **quality of evidence**. I intended this review to serve as a valuable resource for clinicians and researchers, and I believe I have accomplished that goal. Article link: <https://link.springer.com/article/10.1007/s40429-025-00629-8>.

As for upcoming projects, I have recently completed a systematic review (and attempted meta-analysis) of clinical trials investigating the efficacy of ketamine for alcohol use disorder (AUD). The study protocol was published in advance at PROSPERO (CRD42024564823). For context, the anesthetic ketamine, a non-competitive N-methyl-D-aspartate (NMDA) receptor antagonist, has been identified as having a potential role in management of AUD (De Aquino et al., 2024; Garel et al., 2022). In this systematic review, we identified four randomized-controlled trials (RCT) that met the rigid inclusion criteria. Although a broader clinical literature has been published on the topic, few articles met the more rigorous modern-day RCT standards with clear measurements of alcohol use behaviors at both baseline and post-treatment follow-up. Moreover, even among the four included articles, significant methodological issues limited our capacity to conduct a meta-analytic synthesis of the findings. Overall, we noted that despite promising initial clinical trial findings, the conclusion that ketamine is an effective treatment for AUD remains premature and ketamine interventions should continue to be considered an emerging treatment option requiring additional research. At present, this paper is currently submitted for publication and under review.

Additionally, I also submitted for publication (actively under review) the results from a longitudinal study looking at patterns of change in alcohol and drug use problems following the use of psilocybin in a non-clinical or naturalistic setting. In this study, we found that there were three general patterns of change in substance use symptoms following psilocybin use: 1) a stability or minor improvement in alcohol/drug use problems ( $n = 545$ ), 2) a significant worsening in alcohol/drug use problems ( $n = 26$ ), and 3) a significant improvement in alcohol/drug use problems ( $n = 44$ ). What stood out was that those with the most notable improvements in alcohol and drug use problems reported ingesting a higher dose of psilocybin, were more likely to endorse psilocybin use in a religious or spiritual setting and most frequently reported the intention to use psilocybin as a way of helping them decrease their substance use. Overall, these findings suggest that while most participants experienced positive psychological changes from psilocybin use, a small subset saw a worsening of substance use, highlighting the need for further exploration of contributing factors.



As a final note on the topic of psychedelics and addiction, I am happy to announce that alongside Dr. Albert Garcia-Romeu, I have launched a mixed-methods study aiming to investigate the impact of psychedelic use on behavioral addictions. For this study, I am looking to collect survey responses from adults who used a psychedelic *after* they began experiencing problems with any of the following behaviors: gambling, video gaming, internet and/or social media use, pornography and/or other sexual behaviors, and shopping, spending or buying behaviors. Following survey completion, I plan to recruit a subset of participants to complete a semi-structured qualitative interview and provide additional details on the impact of their psychedelic experience on their behavioral addiction(s). I am also administering a couple of standardized cognitive tasks to assess their present-day executive functioning. Overall, the objective of this study is to determine whether individuals, on average, experience a worsening, improvement, or stability in their behavioral addiction after psychedelic use. As this is the first study of its kind, and I hope our findings will help develop empirical evidence related to the potential impact of psychedelics on behavioral addictions. Since September 2024, I have received over 150 responses to the survey and have completed 15 qualitative interviews. I look forward to furthering my recruitment efforts over the course of 2025 with the aim of publishing the findings of this research project in 2026. Additional information for the study is available here: <https://hopkinspsychedelic.org/addictionsurvey>.

### **A Final Note: Psychedelics Assisting Psychotherapy or Psychotherapy Assisting Psychedelics?**

As a psychologist involved in clinical research, one thing I have noticed in the field of clinical psychedelic research is the high degree of attention being placed on understanding the role (or lack thereof) of psychotherapy in the context of psychedelic clinical trials. While some have argued that that *psychotherapy* is not necessary and therapists in these trials can provide *psychological support* (see Goodwin et al., 2024), others have argued that *psychotherapy* is an essential component of psychedelic treatment (Alpert et al., 2024; Bogenschutz et al., 2024; Deckel et al., 2024; Earlywine et al., 2024; Gründer et al., 2024; O'Donnell et al., 2024).

In my opinion, much of the disagreement appears to be grounded in a lack of agreed upon definitions. What is psychotherapy? What is psychological support? How does psychotherapy differ from psychological support? Are they mutually exclusive? What are the limits and boundaries of psychological support and when does it become psychotherapy? This is a conversation I have had on an ongoing basis with researchers at the *Center for Psychedelic and Consciousness Research* and continues to be a topic fascination and debate over our formal research meetings and casual lunch conversations.

Starting in April 2024, I decided I would attempt to contribute to this ongoing academic debate. Working with my colleague Michael Levine, we began developing what was originally a short commentary on the nature of psychological support and psychotherapy in the context of psychedelic clinical trials. As part of his doctoral dissertation, Michael aimed to develop a framework for identifying therapist behaviors that contribute to positive mental health outcomes in psychedelic-assisted therapy. Moreover, he wanted to develop a codebook with pragmatic definitions of what constitutes a directive, potentially more psychotherapeutic act, and what constitutes a non-directive, potentially more supportive act.

In attempting to identify a framework by which we could code these behaviors, I remembered my graduate training in counseling and psychotherapy and how one of the first books I read as part of my master's clinical practicum was a book entitled *Intentional Interviewing and Counseling: Facilitating Client Development in a Multicultural Society* (Ivey et al., 2017). In my mind, I visualized the microskills

framework, specifically the image of the microskills hierarchy—a pyramid representing various levels of counseling and psychotherapeutic skills. I also remembered how much of my initial training was grounded in developing active listening skills without direct intervention. As I continued to think about these ideas, I realized that perhaps what is being referred to as *psychological support* refers to a combination of safety monitoring and active listening.

These ideas laid the groundwork for our brief commentary, which has since transformed into an in-depth article on the subject. In this paper, entitled “What is psychological support in the context of psychedelic clinical trials?”, we propose clear definitions of psychological support and psychotherapy as grounded in the microskills framework. Moreover, we specify ways of determining via behavioral observation whether therapists are providing psychological support or psychotherapy. The implications of this proposal are significant, as it provides a concrete method for assessing and ensuring that therapists are delivering either psychological support or psychotherapy, based on clear, observable behaviors. This manuscript was published in *Psychedelic Medicine* on February 7, 2025 (Richard & Levine, 2025). Article link: <https://www.liebertpub.com/doi/10.1089/psymed.2024.0026>.

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# “The Breakers Breaking. The Seagulls Squawking.”

Pat DeLeon, Ph.D., MPH, JD  
Former APA President

**During the Closing Hours of 2024:** The last time the Republican Party (GOP) controlled the Senate, House, and Presidency was from January 20, 2017 to January 3, 2019, during which time Donald Trump was President of the United States having being inaugurated on January 20, 2017. With this historical context in mind, the 118<sup>th</sup> Congress struggled with their *Appropriations* decisions for the coming year. Although it was not ultimately adopted, the initially crafted bipartisan Continuing Resolution (CR) provided a glimpse into the thinking of several of the authorization committees. Whether these provisions will ultimately become public law is yet to be determined. Nevertheless, there was clear evidence of the growing recognition by both parties in Congress of the applicability and benefits of telehealth care. For example, included in the proposals were express authorities for Expanding Telehealth Services for Federally Qualified Health Centers and Rural Health Clinics with the costs associated with the furnishing of these services to be considered allowable costs for the purposes of the prospective payment system. Delaying the In-person Requirements Under Medicare for Mental Health Services Furnished Through Telehealth and Telecommunications Technology; and Allowing for the Furnishing of Audio-Only Telehealth Services. Also included was authority for Extending the Use of Telehealth to Conduct Face-to-Face Encounters Prior to Recertification of Eligibility for Hospice Care.

Also in the proffered CR was a provision, which another committee proposed, for the establishment of an Older Americans Tribal Advisory Committee – “In addition to other methods of government-to-government consultation between the Administration and Indian Tribes and conferring with organizations representing Native Hawaiians, the Assistant Secretary shall establish an advisory committee, to be known as the ‘Older Americans Tribal Advisory Committee’ to provide advice and guidance... on matters relating to the needs of older individuals who are Native Americans and implementation of related programs and activities under this Act.” This new Committee would be composed of 11 voting, non-Federal members, including geographically diverse individuals with expertise on the range of issues affecting Indian Tribes, organizations representing Native Hawaiians, and older individuals who are Native Americans. Not less than one Alaskan Native and one Native Hawaiian would be appointed to the Committee.

On December 23, 2024, President Biden signed the Servicemember Quality of Life Improvement and National Defense *Authorization* Act for FY 2025. This was the 64<sup>th</sup> consecutive year in which the Defense authorization legislation was signed into public law, notwithstanding bipartisan concerns expressed after the Speaker of the House of Representatives included a particularly controversial provision after the conferees had come to an agreement. Although the authorization legislation did not include any specific provisions that would appear to be directly targeted towards the behavioral/ mental health professions, there were a number of relevant issues which were addressed in the final conference report.

For example, in exploring Psychological Performance Training for high-stress environments, the conferees noted: “We understand that long-term exposure to high-stress environments can leave servicemembers in suboptimal performance states – possibly leading to compromised performance abilities and negative behaviors. The Air Force trains on the development of proactive psychological performance skills and strategies for psychological flexibility and mental strengths. We recognize potential benefits to training to develop and maintain psychological performance skills and mental resilience. We, therefore, direct the Secretary of the Air Force to provide a briefing, not later than April 1, 2025, to the Committees on Armed Services of the Senate and the House of Representatives on the following: (1) Efforts conducted previously or currently at Air Force Global Strike Command and Air Force Air Mobility Command to train airmen in psychological health and performance; (2) Outcomes of such training efforts – to include any relevant airmen feedback; (3) Costs associated with providing such training services; (4) Efforts, if any, to budget and plan for expanding psychological performance skill training; and (5) Any other relevant matters that the Secretary determines appropriate.”

The conference agreement further included a provision which would require the Secretary of Defense to monitor access standards for specialty behavioral health care. And, in the event that the Secretary determines that behavioral health care access in a state does not meet or exceed prescribed access standards for more than 12 consecutive months, the Secretary would be required to expand health care accreditation standards in that state to include credentials issued by state-level organizations. Although the conferees did not include a House proposed provision that would have required the Secretaries of the military departments to review and certify suicide prevention policies each year as well as update online contact information, they did expressly note that the conference report for the previous year directed the Secretary of Defense to review publicized information on suicide prevention and behavioral health and to provide a briefing, not later than June 1, 2025, to the Committees on the results of such review.

Impressively, the conferees also noted that in August 2022, the Armed Services Committees had received a report from the Department that “demonstrated consistent high quality of perinatal health care services in the direct care component of the military health system. According to the report, the pregnancy-related mortality ratio in such component was 2.91 deaths per 100,000 live births as compared to 23.80 deaths per 100,000 live births in civilian hospitals. Furthermore, we note that the military health system collaborates with external organizations, such as the Leapfrog Group, to adopt leading practices to decrease maternal mortality further.”

**Pleasant Reflections:** Over the years, one of the most impressive *interprofessional* training and clinical initiatives that we have seen, has been the Medical-Legal Partnership for Children in Hawaii (MLPC-HI) directed by Dina Shek. As APA CEO Arthur Evans steadily moves organized psychology towards systematically embracing a population-based, public health orientation, Dina’s underlying vision captures the essence of a comprehensive and truly holistic, patient (client-) oriented health system aggressively addressing the psychosocial-cultural elements of quality health care.

Highlights of Dina’s annual report: “We are pleased to share some year-end highlights from an exciting 2024 at the MLPC-HI, a project of the University of Hawaii’s William S. Richardson School of Law (WSRSL).

As we take this moment of reflection and gratitude, we also brace ourselves for more hard work to come. We invite you to join us and support the team as we enter 2025 committed to realizing our core values by centering racial justice, acting collaboratively, and uplifting community power.

“We launched a new MLPC-HI site with the Kapi’olani Medical Center for Women and Children, Hawaii’s only pediatric specialty hospital! Our staff attorney Ashley Kaono (WSRSL ’20) is embedded with the hospital social work team, and together they have already maintained critical benefits, improved housing conditions, and reduced hospital stays for children with disabilities. The University of Hawaii News featured our celebration. We completed our 15<sup>th</sup> year of partnership with our anchor site at Kokua Kalihi Valley (KKV), now staffed by our staff attorney Fernando Cosio (WSRSL ’18). To date, we have handled about 2,000 legal case matters at KKV, supporting housing, financial, and family stability. We also support public housing residents, Micronesian communities, and other migrant/immigrant communities through extensive systemic advocacy work. [Earlier, when Mary Wakefield arranged for KKV CEO David Derauf to attend a special Obama Administration White House event, Dina reflected that they were truly having a national impact.]

“Our Community & Policy Advocate Philios Uruman organized and led our staff and law students in Micronesian community advocacy work including Maui outreach for Micronesian survivors of the Lahaina wildfires; co-hosting a COFA [Compacts of Free Association] Benefits Update Town Hall with the Hawai’i Coalition for Immigrant Rights that featured Meghan O’Connor from the Office of Senator Mazie Hirono (D-HI); and meeting with His Excellency Wesley W. Simina (WSRSL ’88), President of the Federated States of Micronesia. Deja Ostrowski (WSRSL ’10) was elevated to Managing Attorney with support from a new Medical-Legal Partnership Plus federal grant program. With the support of Aimee Grace, Director of the UH Office of Strategic Health Initiatives, we were one of eight grantees selected for this national grant and in February we hosted a site visit with the Director of the Office of Community Services under the Administration For Families & Children, HHS.

“Personally, I recently co-authored an essay in the *Yale Law Journal Forum* titled ‘Bind Us Together: Coalition Public Policy Advocacy in Medical-legal Partnerships’ Our team also collaborated with a University of Hawaii librarian to publish an article in the *Journal of Law, Medicine & Ethics* titled ‘Quantifying ‘Community Power’ and ‘Racial Justice’ in the Medical-Legal Partnership Literature’ which was published online earlier this year.

“As we head into the new year, our MLPC-HI team remains committed to ensuring a safe and just future for all. Rebecca Solnit reminds us in the moment. ‘Remember what you love. Remember what loves you. Remember in this tide of hate what love is. The pain you feel is because of what you love.’ We are so grateful to all of you for your partnership and support of our work. Many thanks and Happy Holidays!”

[For information regarding Dina’s MLPC-HI program, see [<https://law.hawaii.edu/academics/medical-legal-partnership/>] and for information about the MLP national organization see [<https://medical-legalpartnership.org>].

**Steady Maturation:** The waves heralding steady movement away from our traditional symptom-oriented, individual patient/silo-based health care system continue to expand, as constantly urged by the National Academy of Medicine and other health policy think tanks. What is envisioned at the conceptual level is a considerably broader and more comprehensive approach which takes into account historical structural racial, economic, and environmental barriers, that unfortunately have led to demonstrable and highly significant Health Disparities. From the warm beaches of Hawaii and its Medical-Legal Partnership for Children to the rugged coasts of Maine, the growing signs of change are evident. In October, Maine Psychological Association CEO Randy Moser urged his membership to attend their annual convention and



“Explore how integrating behavioral health and primary care can revolutionize treatment for rural communities. Hear from national experts like Arthur C. Evans and Maine’s own Diana Prescott as they share cutting-edge strategies for addressing mental health and substance use disorders, tailored specifically for rural populations. Don’t miss this chance to learn how integrated care can improve patient outcomes and build healthier communities!” “To the seaside, whoa-oh. By the beautiful sea” (From *Sweeney Todd*).”

Aloha,

Pat DeLeon, former APA President

# RxP Media

## Podcast Episodes

### *Prescription Privileges for Psychologists with Dr. Dan Warner*

Podcast: Authentically You

“Dr. Dan Warner, Ph.D., MSCP, discusses how appropriately trained prescribing psychologists can help address the burgeoning mental health crisis. Joined by Dr. Boyer, they share insights and experiences from their clinical psychopharmacology training programs, emphasizing how this expertise enhances their work as psychologists and increases access to comprehensive mental healthcare.”

<https://open.spotify.com/episode/1o0Bgz7E9DVa82F2R05bNb>

### *Prescribing Psychologists with Dr. David Shearer*

Podcast: ON Psych

Dr. David Shearer shares his experience as a prescribing psychologist on the Ontario Psychological Association’s podcast *ON Psych*.

<https://www.buzzsprout.com/1483819/episodes/15313507-s3e9-prescribing-psychologists-with-dr-david-shearer>