



NUMINUS

# Assessment

## QUICK REFERENCE FOR ASSESSMENT

Assessment in the context of psychedelic-assisted therapy is primarily concerned with safety, risk, and harm reduction. As a regulated or unregulated health professional, you may or may not be directly involved in assessment. However, from a harm reduction perspective, it is essential to address safety, and discern whether it is within your scope to be working with this client, and the degree of risk to the client taking these medicines.

## ASSESSMENT QUESTIONS

Try to evaluate the following components:

- Is it relatively safe for the client to do this work?
- Is the person stable and/or in remission from a mental health or other medical condition?
- Is the person ready and do they have the tools for psychedelic work?
- Do they understand the potential risks?
- Does the client have the resources (internal/external) and ability to manage triggers?
- Do they understand that their mental and emotional states and interactions with the environment may be significantly disrupted, requiring significant integration work?
- Do the client's psychosocial circumstances support this work? For example, do they have a support network, relatively stable employment, and/or housing?

# KEY CONSIDERATIONS FOR ASSESSMENT

Contraindications

Social supports

Managing client expectations

- Realistic expectations but full of hope
- That clients don't expect a long-standing chronic condition to disappear in one or two sessions

Informed consent

Set and setting

Adverse effects

## Set

Set refers to the client's internal environment and state. This can be influenced by

- Current circumstances influencing wellbeing: environment, social, financial, work, physical, mental health, and others.
- Internal resources: capacity and ability to manage, turn toward and regulate challenging mind and mood states
- Intentions or goals for the process
- Coachability and willingness: to be actively engaged, accountable and take responsibility for their therapeutic work. Understanding that this is an active and engaged process is essential.
- Timing: Does the client have the availability and support to manage dysregulated states and for their life to be potentially disrupted? The [Perceived Stress Scale](#) may be a helpful tool to explore their threshold for increased stress.
- Experiential avoidance (desperation) - Commonly the client's unconscious or undisclosed intention is that they want the suffering to be eliminated and don't understand that these medicines can be catalytic but are neither a panacea nor a quick fix. They do not realize that paradoxically wanting to get rid of a state may make it worse.

# Setting

The setting is the physical environment and container for the psychedelic experience.

Components of the setting include:

- Facilitator: Level of experience and personal fit for the client
- Space: Group versus individual therapy - what setting would be optimal for the client?
- Length of time: retreat (multiple experiences) versus one-day session
- Safety assessment - what medicine might work well for their presenting concerns and intentions (e.g. MDMA versus Ayahuasca for PTSD)

# Contraindications

The following key categories accrue to risk, falling within the area of mental health and addictions in order to determine suitability for PHRI and psychedelic-assisted therapy (Silveira & Rockman, 2021). If a client reports any of these symptoms, functional impairments, conditions, or risks, this should trigger a deeper evaluation.

Domains for Assessing Contraindications and Risk			
<b>Symptoms:</b> May lead to risk to self/other, intentionally, or unintentionally	<b>Functional Impairments:</b> Decreased function may enhance risk	<b>Conditions: Consider acuity and history</b>	<b>Material Risks:</b> Concrete potential repercussions
- Homicidal thoughts - Suicidal thoughts - acute/chronic - Disordered thinking - Uncontrolled Anger/Violence - Hopelessness - Delusions - Grandiosity	- Personal Care (Basic and Instrumental ADLs) - Dependents - Licenses - Relationships - Work - Education - Housing - Finances	- Affective/Mood Disorders - (e.g., Bipolar Disorder) - Psychotic Disorders (e.g., Schizophrenia, Schizoaffective) - Personality Disorders (e.g., Borderline Personality Disorder)	- Child safety - Other dependents - Motor vehicles - Suicide attempt or completion - Homicide attempt or completion - Suicide or homicide - Injury

<ul style="list-style-type: none"> <li>- Command hallucinations</li> <li>- Other Hallucinations</li> <li>- Attention Deficits</li> <li>- Memory deficits</li> <li>- Judgment Impaired</li> <li>- Insight Impaired</li> <li>- Active Alcohol use/dependence</li> <li>- Active Substance use/dependence</li> <li>- Impulsivity</li> </ul>		<ul style="list-style-type: none"> <li>- Anxiety Disorders (e.g., PTSD, Panic Disorder)</li> <li>- Active Substance Use Disorders</li> <li>- Active Eating Disorders (e.g., Anorexia Nervosa)</li> <li>- Certain medical conditions (e.g., hypertension, cardiac disease, epilepsy)</li> </ul>	<ul style="list-style-type: none"> <li>- Decreased self-care</li> <li>- Victimization and elicited - harm from others</li> <li>- Work</li> <li>- Financial</li> <li>- Housing</li> <li>- Firearm use</li> </ul>
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## REFERENCES

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