Psychedelics without the mystique: the full guide

CO Creative Therapies · Educational information, not medical advice.

Never tried a psychedelic? Or tried one in college and figure you know the drill? This guide covers the words, the research, the options in Colorado, and the questions worth asking. Take what helps. Leave what doesn't.

1. The words, decoded

- **Psychedelic:** The word can be translated as "mind-manifesting" or "mind revealing" (Bentley et al., 2024, p. 341). Psychedelics change perception, mood and thinking for a few hours.
- **Psilocybin and psilocin:** Psilocybin is the compound in "magic" mushrooms. The body converts it to psilocin, which produces the effects.
- **Ketamine:** A dissociative, a class "often used as anesthetics and analgesics" (Bentley et al., 2024, p. 341). It's also prescribed for depression.
- **Microdose:** A small, repeated dose meant to be barely noticeable.
- **Therapeutic ("macro") dose:** A full dose meant to be felt, in a session with preparation and support.
- **Set and setting:** Your mindset and your surroundings (place, people, music).
- **Integration:** Making sense of what happened and deciding what, if anything, belongs in daily life.
- **Facilitator and healing center:** In Colorado, a state-licensed guide for psilocybin preparation, administration and integration sessions, and a state-licensed place where regulated sessions happen.

2. What the research shows (and what it doesn't)

What's promising: In a Johns Hopkins trial, 24 adults with major depression had two psilocybin sessions with about 11 hours of supportive therapy. Their depression scores dropped more than a wait-list group's (Davis et al., 2021). In a trial of 233 people with treatment-resistant depression, one 25 mg dose with psychological support lowered scores more than a 1 mg dose at three weeks, but sustained response at 12 weeks wasn't clearly better (Goodwin et al., 2022).

What's honest: These therapies are "clearly not effective for everyone," and "a minority reported increased destabilization and worsening symptoms" (Bentley et al., 2024, p. 342). In the Goodwin trial, 77% of participants had side effects like headache and nausea, and suicidal ideation, behavior or self-injury occurred in every dose group. The studies are small. Blinding is hard, because most people can tell whether they got a psychedelic. We don't know who benefits most or how long changes last. Bentley and colleagues also caution against treating these therapies "as magic fixes or panaceas" (p. 342). A healthy respect for what we still don't know is the right starting point.

Lessons from 25 years of research: William Richards, a Johns Hopkins psychologist who guided hundreds of sessions, offers a few (Richards, 2017):

- **It's not just the molecule:** "One does not ingest a psychedelic as a simple medication, such as when one takes aspirin to relieve a headache" (p. 328). Set and setting shape whether an experience proves "helpful, harmful, or neutral."
- **Preparation matters:** "Most persons appear to require a minimum of 8 hours of shared time with a therapist or guide, usually spread over a period of at least 2 weeks, in preparation for a productive psychedelic session" (p. 332).
- **The guide matters:** Panic and confusion are "rendered more probable when one is inadequately prepared and/or when insufficient skilled guidance is available" (p. 328).
- **Expectations don't steer:** Volunteers often say, "I didn't experience what I wanted, but I experienced what I needed" (p. 329).
- **Integration is where change happens:** After the session, "there is integrative work to be done" if insights are to become growth rather than

"simply a memory of an interesting experience that happened one day" (p. 332).

3. Neuroplasticity, in plain words

Neuroplasticity is the brain's ability to form new connections and patterns. It's how we learn and change habits, at any age. In lab and animal studies, psychedelics promoted new connections between brain cells (Ly et al., 2018). Research on psilocybin also describes effects on "functional network connectivity," meaning "parts of the brain that usually do not interact are making connections while on psilocybin" (Bentley et al., 2024, p. 343). Researchers hypothesize that this may support "increased cognitive flexibility, increased openness, enhanced learning" (p. 343). A hypothesis, not a promise. A more flexible brain is a window. What you do with it is the work.

4. Why might this help when medications haven't?

Studies are exploring a different model. Medications like SSRIs often mean daily use for an indefinite period, while "[e]xposure to psychedelic medicines is time limited and is not expected to continue indefinitely" (Bentley et al., 2024, p. 342). The idea being tested: one or a few sessions, wrapped in preparation and integration. It's not a replacement for anyone's current care.

5. Ketamine vs. psilocybin

	KETAMINE
LEGAL STATUS	Prescription. Spravato (esketamine) is FDA-approved for treatment-resistant depression; other forms are used off-label.
SETTING	Medical clinic, with monitoring.
DURATION	Shorter sessions. Often a series: ketamine-assisted psychotherapy "might start with four to eight ketamine

	KETAMINE
	experiential sessions" (Bentley et al., 2024, p. 342).
COST AND ACCESS	Varies by clinic and insurance.

How to choose? That's a conversation with a prescriber, your mental health providers and a facilitator. This guide can't make that call.

6. Microdose vs. therapeutic dose

People report better mood and focus from microdosing. In a large "self-blinding" placebo-controlled study of 191 people, the microdose group improved, and so did the placebo group, with no significant difference (Szigeti et al., 2021). Expectations may do a lot of the lifting. Most clinical research uses full doses. Curious about either? Bring it to your providers.

7. Two paths in Colorado

Path 1: A licensed healing center, such as Reflective Healing. A Colorado-licensed facilitator, screening and a preparation session first, regulated and tested psilocybin, and a first integration session that by rule can't carry a separate fee (4 CCR 755-1, Rule 6.19). I'm licensed by the State of Colorado to guide psilocybin (psychedelic mushroom) sessions, and I do that work at Reflective Healing.

Path 2: Personal use. Adults 21+ may possess, use, grow and share natural medicine with other adults, with no payment for the medicine. Selling it is illegal, and so is public use. Home grows must be secured from anyone under 21. Some people choose to have a sober, trained person with them for safety and support. Paid support services are allowed only within strict limits and can't be used to sell medicine (C.R.S. § 18-18-434, as amended by HB26-1325).

I offer preparation and integration support for adults making personal-use choices. In that setting, I don't provide or handle any medicine. That work is Microdose Coaching. LEARN MORE ABOUT PSYCHEDELIC-ASSISTED WORK

8. Preparation and real risks

- **Medications.** Tell your providers everything you take. Lithium with classic psychedelics has been linked to seizures (Nayak et al., 2021), and Colorado facilitators may not serve people taking lithium or antipsychotics (4 CCR 755-1, Rule 2.2). SSRIs, MAOIs and stimulants can also interact. Never change a medication without your prescriber. Do not send a medication list through a form on this site.
- **History.** A personal or family history of psychosis or bipolar disorder needs a careful conversation first.
- **Heart health.** Psychedelics and ketamine can raise blood pressure and heart rate.
- **Hard experiences.** Fear, confusion and grief can show up. Critics rightly note "the very real potential of suggestibility and manipulation" (Bentley et al., 2024, p. 342), which is why licensure, boundaries and accountability matter.

9. Questions to ask any provider

- Are you licensed? By whom? Can I look it up?
- How do you screen, and who reviews my medical history?
- What's included: prep, session, integration?
- Who's with me during the session, and for how long?
- What's your emergency plan?
- What's the full cost? Is there a sliding scale?
- What happens if I want to stop or change my mind?

Further reading and listening

- Listen: *Back from the Abyss*, "BFTA SUMMER SPECIAL: HOW TO CHANGE YOUR MIND ABOUT MUSHROOMS WITH DORI LEWIS" (July 5, 2024; 59 min). Myths and realities of psilocybin, mushrooms vs. ketamine, why some people feel little on a therapeutic dose, and individual vs. group work.
- JOHNS HOPKINS CENTER FOR PSYCHEDELIC & CONSCIOUSNESS RESEARCH
- COLORADO NATURAL MEDICINE DIVISION FAQ

- COLORADO DORA NATURAL MEDICINE (FACILITATOR LICENSING)

Psychedelics aren't right for everyone. They can bring strong emotions and physical and psychological risks, and no particular outcome can be promised.

Questions? BOOK A FREE 15-MINUTE MEET-AND-GREET.

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