

THE TREATMENT OF OCD WITH PSYCHEDELICS

What do we know and where might we go?

Danielle Sukenik, LMFT
Assistant Professor of Psychiatry
CU Anschutz

DISCLOSURES

DISCLAIMER

This presentation does not condone or advise the use of psychedelics. While showing promising results in clinical and research spaces, many psychedelics continue to be illegal worldwide and adverse effects are sometimes experienced.

This course is for educational purposes only.

AGENDA

- What are psychedelics?
- Effects and impact on mental health
- Safety
- Address research and findings related to the treatment of OCD with psychedelics, namely psilocybin
- Future directions
- Resources

WHAT ARE PSYCHEDELICS?

- “Mind manifesting” (Greek)
- “powerful psychoactive substances that *alter perception and mood* and effect numerous *cognitive processes*” (Nichols, 2016)
- Entheogen: any substance, such as a plant or drug, taken to bring on a spiritual experience
 - “generating the divine within”



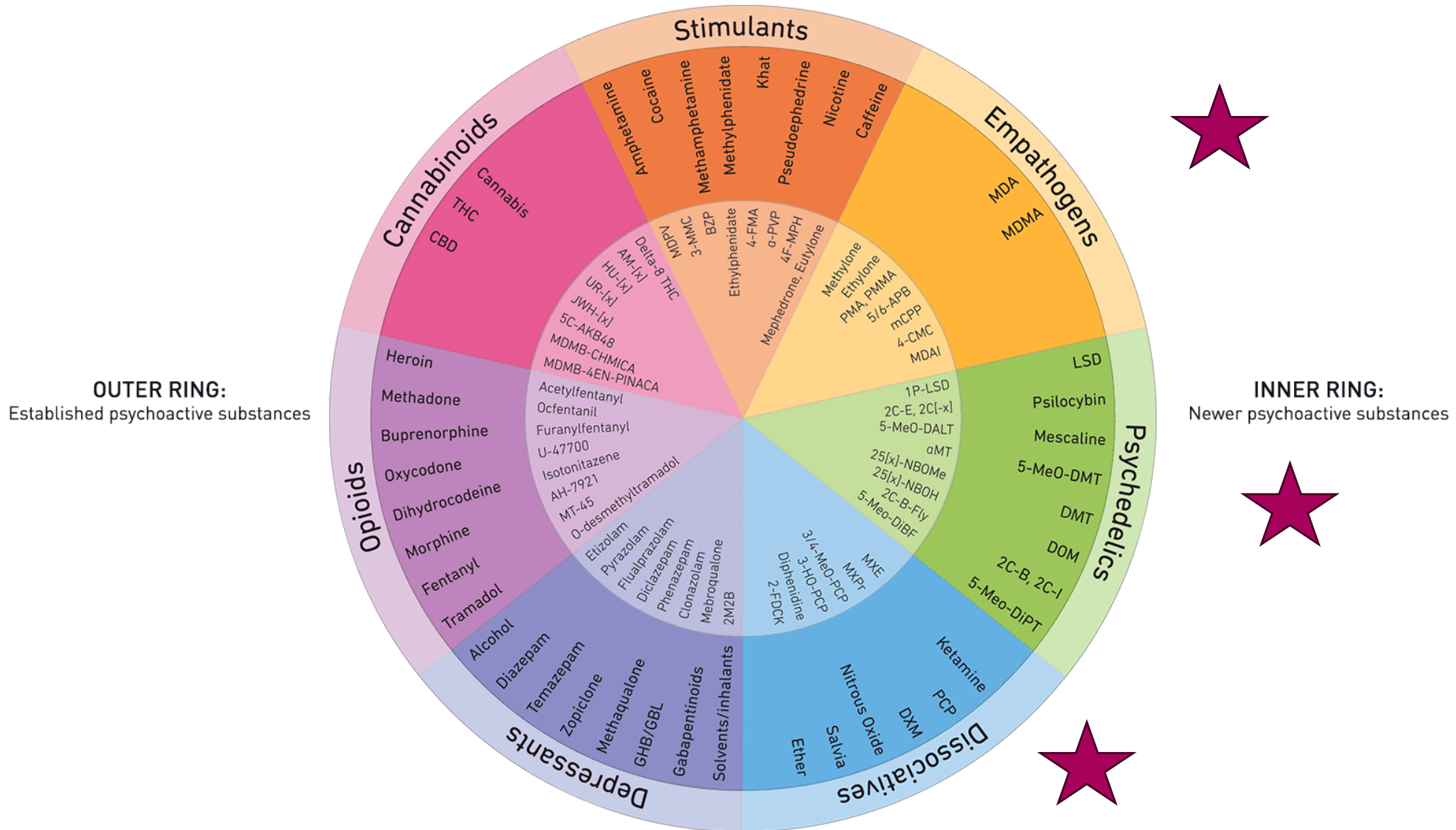
“

“It does not seem to be an exaggeration to say that psychedelics, used responsibly and with proper caution, would be for psychiatry what the microscope is for biology and medicine or the telescope is for astronomy. These tools make it possible to study important processes that under normal circumstances are not available for direct observation”
(Grof, 1980)

(Psychedelics Today, 2021)

The Drugs Wheel

A new model for substance awareness





MYTHS & FACTS



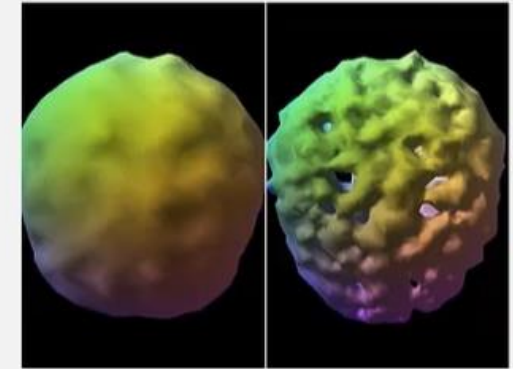
1
LSD is stored in spinal fluid and causes flashbacks

2
Psychedelics cause mental illness

3
LSD can cause chromosome damage and birth defects

4
MDMA creates holes in the brain

5
Psychedelics can make you think that you have turned into a glass of orange juice



(Psychedelics Today, 2021)

<u>Physical/Somatic</u>	<u>Perceptual</u>	<u>Psychic</u>
Dizziness	Changes in shapes and colors	Changes in mood (euphoria to panic)
Drowsiness	visual distortions	Distortion of time & space
Blurred vision	open & closed eye visuals	Changes in thoughts (connections, difficulty concentrating, creativity)
Nausea	synaesthesia	Depersonalization & Derealization
tremors/shaking	Auditory Hallucinations	Dreamlike states & connection with the world around
Psychosomatic pains or feelings in the body	Entities	Ego death or feelings of suicide



(Psychedelics Today, 2021)

EFFECTS AND IMPACT ON MENTAL HEALTH

Classic psychedelics (LSD, psilocybin, ayahuasca) primary effects via serotonin 2A receptor

- alter neural connectivity across brain regions called the **default mode network**
 - disrupting established patterns of brain activity
 - impacts sense of self

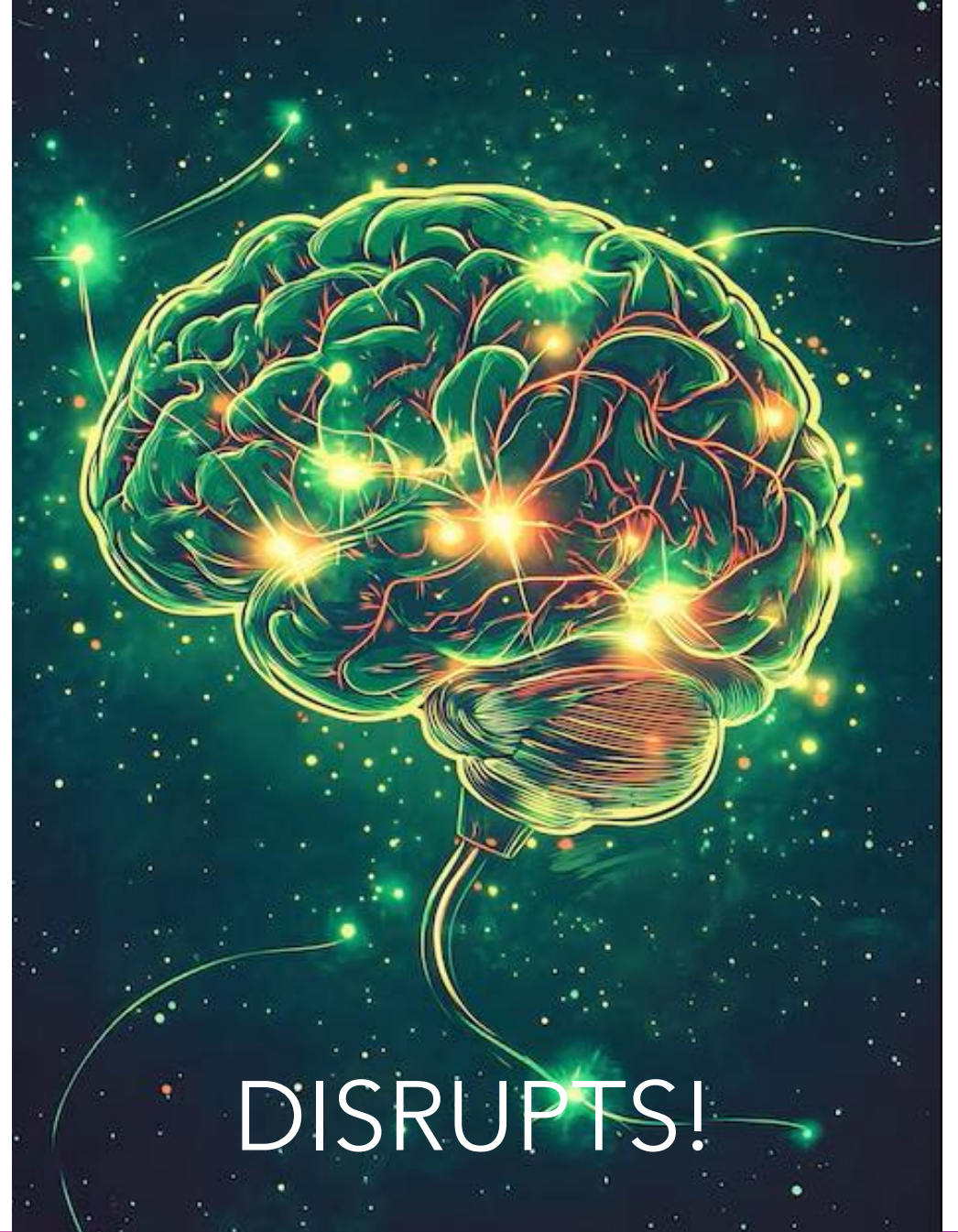
Promote **neuroplastic changes** that may lead to therapeutic benefits

- may help rewire the brain

Enhance cognitive, emotional, creative flexibility

(George, Hanson, Wilkinson, Garcia-Romeu , 2022)

EFFECTS AND IMPACT ON MENTAL HEALTH



EFFECTS AND IMPACT ON MENTAL HEALTH

Lend to **non-ordinary states of consciousness**

- Mystical, meaningful, transcendental experiences
- profound feelings of connection, openness, and unity which may be predictive of long term clinical changes with mental health
- Spiritual experiences, many consider necessary for healing

(George, Hanson, Wilkinson, Garcia-Romeu , 2022)

FACTORS THAT IMPACT EFFECTS

- Set and setting
- Expectations of the individual
- “Bad trip,” reframe as difficult experience
- Supported vs unsupported sessions

- Generally considered physiologically safe and well tolerated
- Toxicity levels unknown with LSD, psilocybin and mescaline
- Though judgment is impaired and harm can occur
- May exacerbate psychosis
- Low risk of dependency

SAFETY

- More psychological concerns, mitigation via:
 - Physically safe, comfort environment
 - Preparation, rapport building
 - Detailed consent form
 - Physician available in the event of a medical reaction

SAFETY

WHAT'S RESEARCH TELLING US?

- In 1971, international ban halted use of psychedelics in clinical contexts
- Prior to this, in the 50s and 60s, substantial psychedelic use in clinical settings

Documentation of more than a 1,000 clinical papers discussing 40,000 patients! (Nichols, 2016)

- In the last 10-20 years, research has been re-emerging in the space, including approved trials with MDMA, DMT, ketamine, LSD and psilocybin



WHAT'S RESEARCH TELLING US?

Preliminary research showing effectiveness with:

Depression

Substance use disorders

PTSD

Anxiety for patients facing terminal cancer

New studies examining potential treatments for:

OCD

Eating disorders

Migraine and cluster headaches

Early dementia

WHAT'S RESEARCH TELLING US?

Psychedelics may be an alternative treatment for OCD given limitations of more common interventions

- Can help reset the brain immediately
- Lack of persisting effects of psilocybin on OCD, may require repeat dosing for symptom reduction

(Collins, 2024)

WHAT'S RESEARCH TELLING US?

One clinical trial studying the impact of psilocybin on OCD, 9 patients w/OCD (at least one treatment fail):

- 23-100% reduction in Y-BOCS in 24 hours after ingestion
- 88.9% reported at least 25% improvement in symptoms
- 66.7% reported a 50% reduction
- two patients reported improvements 1 week after ingestion
- one in remission for 6 months

(Moreno et al., 2006)

WHAT'S RESEARCH TELLING US?

- Case studies
- Symptom reduction with LSD and psilocybin immediately and for days/weeks/months to follow
- 2g every 2-3 weeks equated to improvement lasting for several weeks

(Collins, 2024)

FUTURE DIRECTIONS: TREATMENT OF OCD WITH PSYCHEDELICS

PsilOCD

- Low-moderate psilocybin treatment (10mg) alongside therapy
- Main focus:
 - Cognitive flexibility
 - Neuroplasticity
- Is a low, tolerable dose feasible and efficacious?

(O'Connor et al, 2025 ; Collins, 2024)

FUTURE DIRECTIONS: TREATMENT OF OCD WITH PSYCHEDELICS

- Faster treatment responses with no need for daily administration, may increase compliance
- Limited case reports, small clinical trials
- Long term effects unclear
- Harm reduction
- Ongoing integration may increase efficacy

- “To make harmoniously whole”
- Medicine opens the door, have to walk through it
- Open heartedness and relief can be short lived
- Integration helps with ongoing instillation of takeaways and maintenance of insights

INTEGRATION: HOW YOU CAN HELP OTHERS AFTER AN EXPERIENCE

- Processing the experience and holding space
- May take days, weeks, months, years
- Sharing with others
- Journaling
- Artistic expression
- No big decisions for 3-6 months!

INTEGRATION: HOW YOU CAN HELP OTHERS AFTER AN EXPERIENCE

- Grounding, finding balance, self care practices:
 - Physical
 - Psychological
 - Spiritual
 - Emotional
 - Professional

INTEGRATION: HOW YOU CAN HELP OTHERS AFTER AN EXPERIENCE

RESOURCES

- [Erowid](#)
- [Fireside Project](#)
- [Psychedelics Today](#)



What's happening in Colorado?

- Voted *for* Proposition 122: decriminalization of plant medicine (psilocybin, DMT, mescaline, ibogaine) for personal use/cultivation, cannot sell
- Licensing for providers opened at the end of 2024
- We may see healing centers open in the next couple months
 - Micro-healing centers: providers offering psychedelic assisted psychotherapy though not their main care, may increase accessibility and affordability
- There will not be dispensaries like we see with cannabis

REFERENCES

- Collins HM. Psychedelics for the Treatment of Obsessive-Compulsive Disorder: Efficacy and Proposed Mechanisms. (December 2024). *Int J Neuropsychopharmacol*, Volume 27(12). <https://pmc.ncbi.nlm.nih.gov/articles/PMC11635828/>
- George DR, Hanson R, Wilkinson D, & Garcia-Romeu A. (December 2022). Ancient Roots of Today's Emerging Renaissance in Psychedelic Medicine. *Cult Med Psychiatry*, Volume 46(4):890-903. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8412860/>
- Nichols DE. (April 2016) Psychedelics. *Pharmacol Rev Volume 68(2):264-355*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4813425/>
- Psychedelics Today. (2021). Navigating Psychedelics for Clinicians and Wellness Practitioners. [PowerPoint slides and on demand lecture].