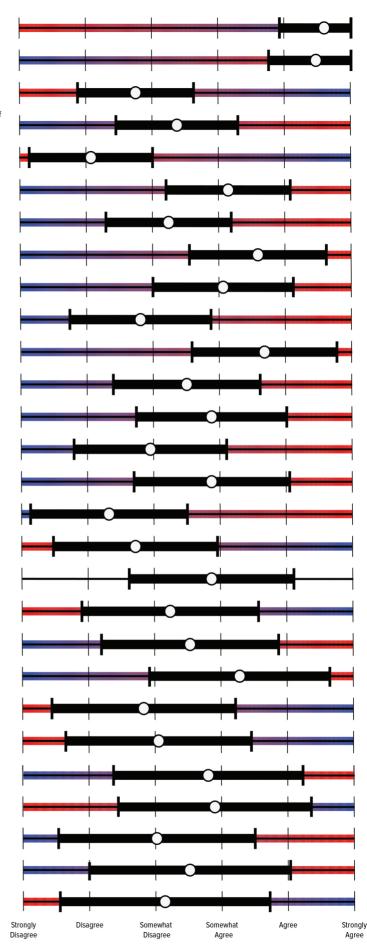
## Likert-type Item Survey Results<sup>a</sup>

- 1—It is unprofessional for therapists to have full-body contact (e.g., sustained hugs or cuddling) with recipients of psychedelic therapy during treatment sessions.
- **2**--The development of trusting relationships with facilitators is vital to the effectiveness of psychedelic treatments.
- **3**—Religious or spiritual language (e.g., mystical, sacred, transcendent) should not be used to characterize psychedelic experiences to participants.
- **4**—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.
- **5**-One should not hesitate to administer sedating medications to temper unpleasant experiences that can occur while under the influence of psychedelics.
- **6**--De-emphasizing the importance of the subjective experience is likely to negatively affect treatment outcomes
- **7—**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.
- 8--People often learn important things about the nature of reality through psychedelic experiences.
- 9--Therapeutic touch, such as hand holding, is a crucial component of supporting recipients of psychedelic treatment.
- **10**—The rituals surrounding psychedelic administration are more important to treatment outcomes than any inherent neurobiological effects of the chemical compounds.
- 11--It would be effective to administer psychedelics in a carefully tailored group setting.
- 12-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.
- 13—The likelihood of a transformative psychedelic experience is closely related to the strength of the bond between the facilitator and the participant.
- **14**—It is consistent with principles of professionalism for facilitators to cry with recipients of psychedelic therapy during treatments.
- 15—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.
- 16--A psychedelic session that is mostly unpleasant is unlikely to lead to clinical benefit.
- 17.-Psychedelic treatments are most appropriately administered within centers for interventional psychiatry that other comparable treatments like ketamine, esketamine, and TMS
- **18**—It is important to use a therapeutic dyad rather than a single facilitator to oversee psychedelic treatment sessions.
- **19**—Inclusion of religious and/or spiritual imagery (e.g., statues of the Buddha) in treatment spaces is inappropriate.
- **20**—The primary goal of psychedelic treatment is to induce a transformative or transcendent subjective experience.
- 21--Psychedelic treatment is best understood as a form of psychotherapy.
- 22—Many individuals with psychiatric conditions would benefit from psychedelic treatments with only brief preparatory psychoeducation, rather than in the context of sustained psychotherapy.
- 23—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).
- **24**—It is unsafe to administer psychedelics to participants overseen by facilitator(s) who do not know the participant well.
- 25—Individual psychotherapists should not be able to other psychedelic treatment during the course of sustained psychotherapy without additional oversight to determine the appropriateness of these interventions.
- **26**—Participants should be informed during preparation that a primary goal of treatment is to attain a transformative or transcendent experience.
- 27—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.
- **28**—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).



<sup>a</sup>Data from 28 Likert-type items are displayed, sorted by SD of population response. White circles indicate the average population response, and surrounding black bars are sample SDs. Color gradients connote the emotive-neuromodulatory axis, with red and blue indicating emotive and neuromodulatory response poles, respectively. Item 18 was predesignated to not have an emotive-neuromodulatory response axis.