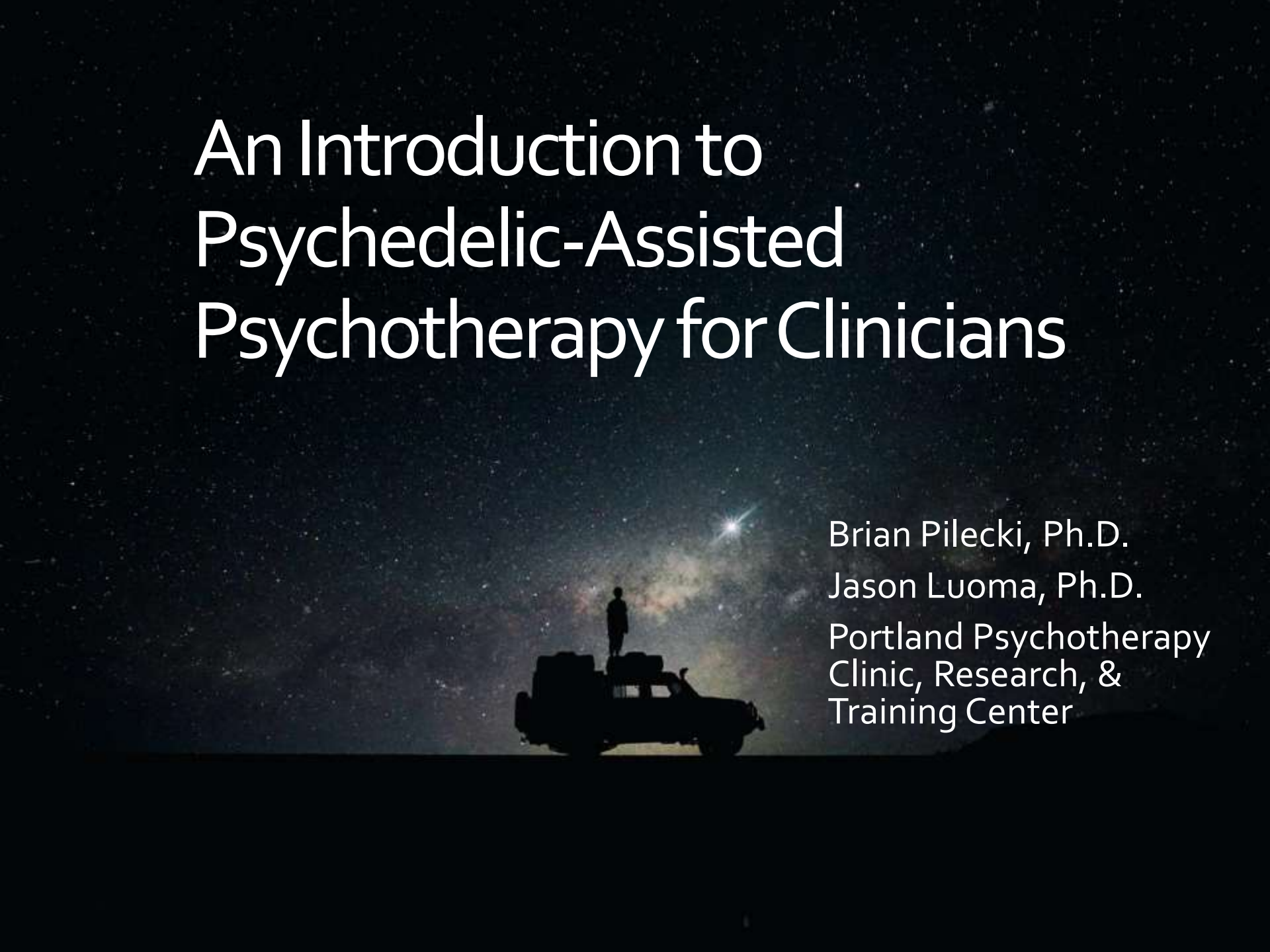
An Introduction to Psychedelic-Assisted Psychotherapy for Clinicians



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Portland Psychotherapy

Research Projects:

Clinical trial of MDMA-assisted therapy for social anxiety disorder

Self-transcendence in MDMA and psilocbyin

Training events:

Intro to psychedelics workshop

TRIPS monthly seminar series

Ethics and legal issues around psychedelic integration and harm reduction workshop

Who's here?

Type in chat:

- Name
- Profession
- One sentence about what brings you here.

Logistics

Outline of Workshop

Part 1: Overview of psychedelics and their history

Part 2: Research overview

Part 3: Psychedelic-assisted therapy

Part 4: Harm reduction and Integration therapy

Part 5: Legal and ethical issues

Part 6: Next steps

Part 1: Overview of psychedelics and their history

The Psychedelic Experience: What is it?

- Altered state of consciousness: changes to emotions, thoughts, perception
- Distorted sense of time
- Change in sense of self
  - Ego loss
- Connectedness
- Sacredness
- Ineffable
- Noetic quality

Common Psychedelic Substances

Classical psychedelics

- LSD (lysergic acid diethylamide)
- DMT (dimethyltryptamine) – Ayahuasca, "Toad"
- Psilocybin – "Magic Muschrooms"
- Mescaline – Peyote, San Pedro

Other drugs with some psychedelic properties:

- Ibogaine
- Ketamine
- MDMA
- NMDA agonists, anticholinergics, salvinorin A, cannabis

Psilocybin – "Magic Mushrooms"

Typical ingested via a mushroom that grows around the world – psilocybe cubensis is the most common

Many other mushrooms also have psilocybin

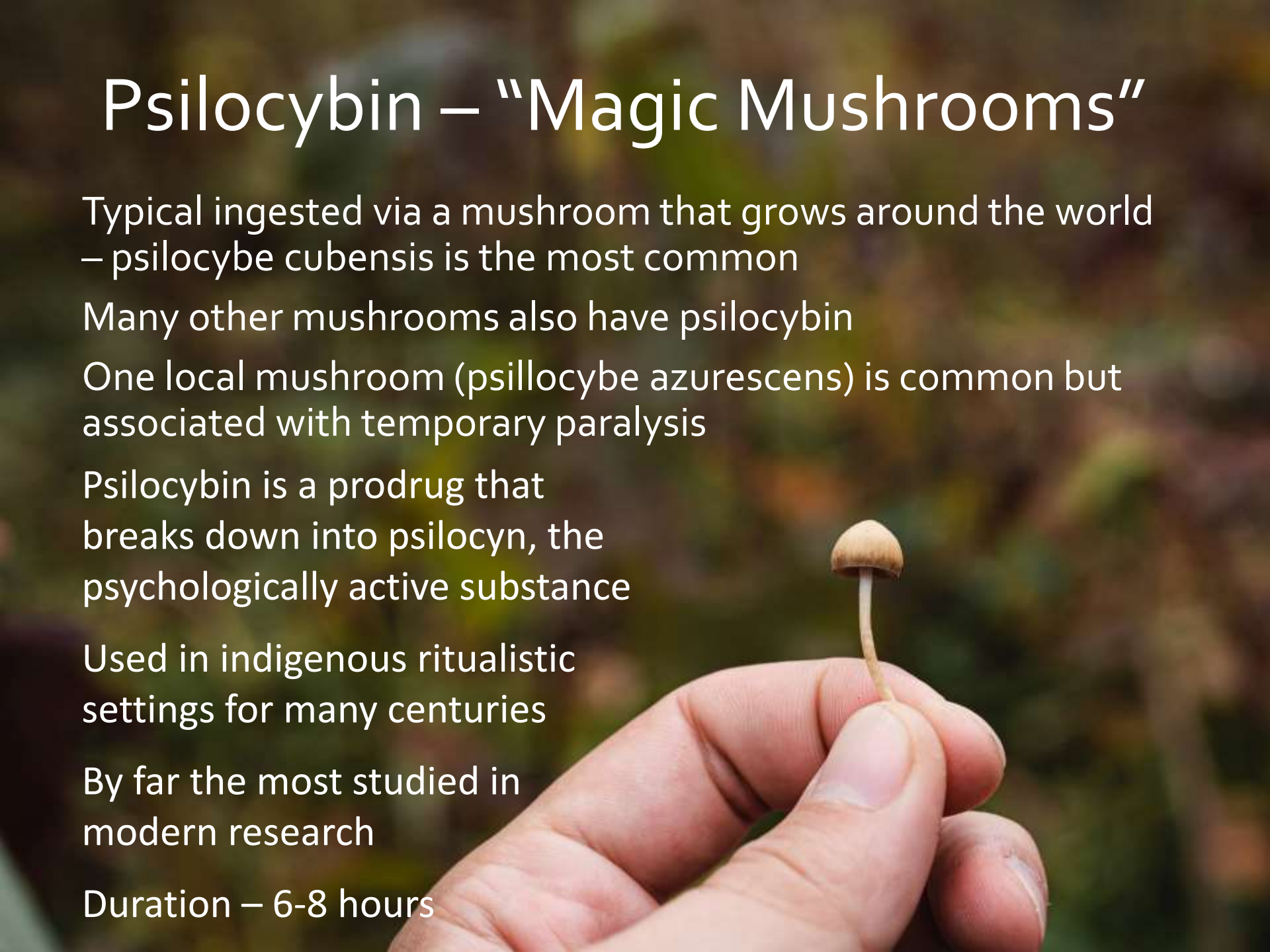
One local mushroom (psillocybe azurescens) is common but associated with temporary paralysis

Psilocybin is a prodrug that breaks down into psilocyn, the psychologically active substance

Used in indigenous ritualistic settings for many centuries

By far the most studied in modern research

Duration – 6-8 hours



LSD (lysergic acid diethylamide)

Synthesized in 1938

Frequently used in research studies in 50s through the early 1970s

Research occurring today but less than with psilocybin

Duration: 8-10 hours

Ayahuasca - DMT (dimethyltryptamine)

South American brewed beverage

Used in indigenous sacramental settings for a few thousand years

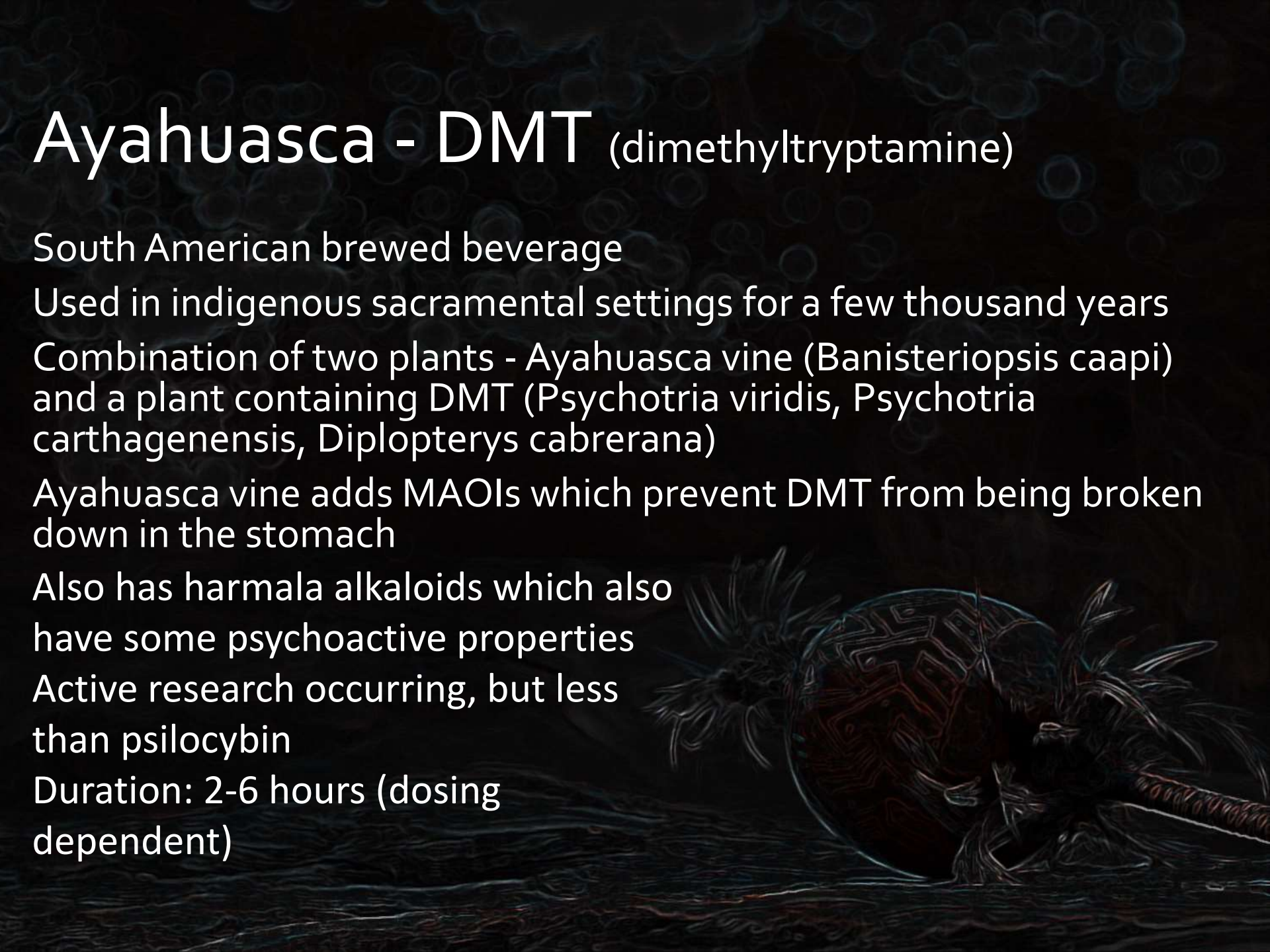
Combination of two plants - Ayahuasca vine (Banisteriopsis caapi) and a plant containing DMT (Psychotria viridis, Psychotria carthagenensis, Diplopterys cabrerana)

Ayahuasca vine adds MAOIs which prevent DMT from being broken down in the stomach

Also has harmala alkaloids which also have some psychoactive properties

Active research occurring, but less than psilocybin

Duration: 2-6 hours (dosing dependent)



5-MeO-DMT (5-MeO-dimethyltryptamine) – "Toad"

Venom of rare species of toad native to the Sonoran Desert, *Bufo Alvarius*

Typically inhaled/vaporized

Both forms of DMT tend to be associated with encounters with "alien entities"

No good studies of clinical outcomes

Short (5-30 minutes) but intense trip

Mescaline (3,4,5-trimethoxyphenethylamine)

- Typically derived from cacti – e.g., Peyote (endangered), San Pedro
- Used for thousands of years in SW USA, Central America
- Consumed orally
- Little research on it's clinical use
- Duration – 8-14 hours (long acting)

Substances often called psychedelic

Ibogaine

Ketamine

MDMA

Many others: NMDA agonists, anticholinergics, salvinorin A, cannabis

Ibogaine

- Alkaloid naturally occurring in the West African shrub iboga
- Primarily dissociative but also has psychedelic properties
- Used in healing ceremonies and initiations by members of the Bwiti religion in parts of West Africa
- Reportedly able to temporarily reduce or eliminate opiate withdrawal and cravings
- Has been studied in observational studies of opiate use disorders
- Can cause cardiac complications in a small set of users
- Duration: very long lasting - hours to a few days

MDMA – "ecstasy," "molly"

Synthesized in 1912 - 3,4-methylenedioxy-methamphetamine

Sometimes called an empathogen ("empathy creating") or entactogen ("touching within")

Was used therapeutically until 1986 when it was criminalized

Effects:

- Stimulant effects (dopamine mediated)
- Social effects probably related to oxytocin and prolactin
  - feelings of connection, love, and friendliness toward self and others
  - feelings of empathy from and toward others

Almost all the research has been funded by MAPS (Multidisciplinary Association for Psychedelic Studies) and relates to the use of MDMA as an adjunct to psychotherapy for PTSD

Duration – 3-5 hours

Ketamine

One of the most commonly used anesthetics around the world

Primarily a dissociative ("K-hole") but also has some psychedelic properties at high doses

Duration: varies by route of administration, 30 min-6+ hours

Ketamine Therapy (no psychotherapy)

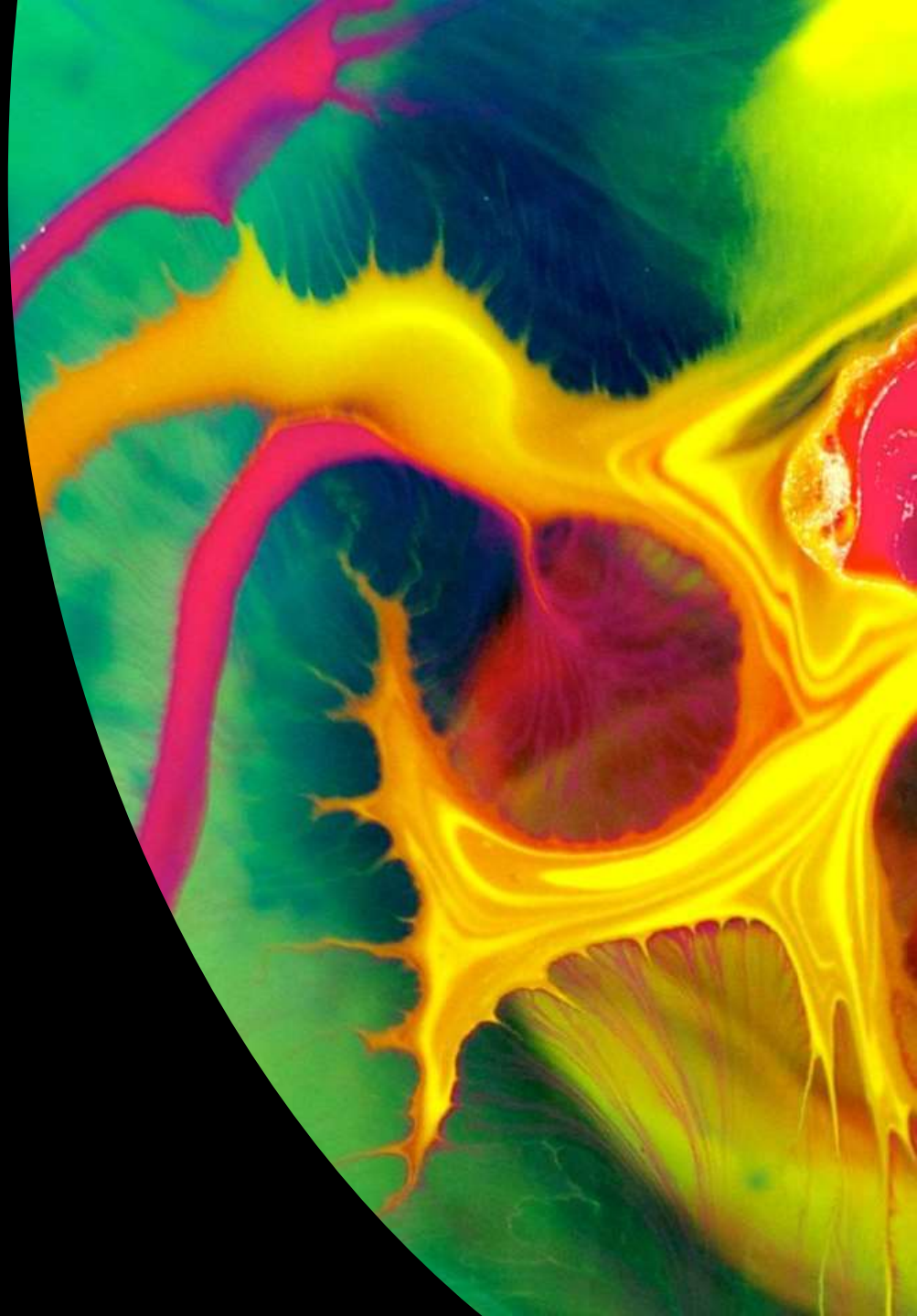
- IV injection or nasal spray
- Eskatamine (nasal spray) received FDA approval through Janssen
- Shows rapid response for depression in dozens of clinical trials

Ketamine-Assisted Psychotherapy:

- Used in higher doses to get psychedelic effects
- Often IM administration or sublingual lozenges
- Little research on this method

History of Psychedelics : Three Waves (Smith, 2019)

- **First Wave:** thousands of years of cultural use
- **Second Wave:** 1943-early 1970's
- **Psychedelic Renaissance :** 2010's-

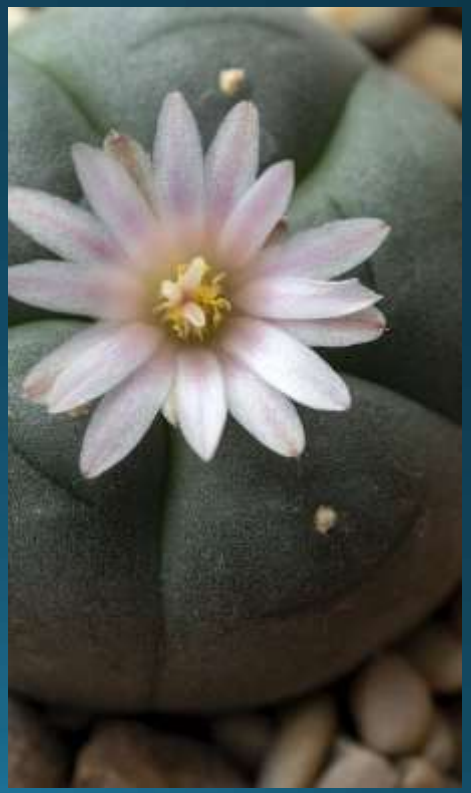


Psychedelics: Historic and Indigenous Use

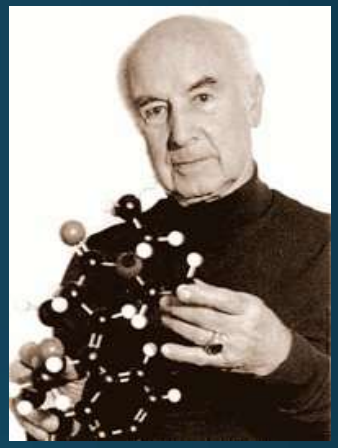
- Use of plants & medicines found in many cultural traditions for thousands of years:
  - Soma (mushroom): source of Vedas or scriptural origins of Hinduism
  - Kykeon: Greek ceremonies, source of western philosophy
  - Peyote or mescaline: Native Americans
  - Mushrooms: Central America
  - Ayahuasca: South America
  - Iboga: West Africa
- Used by shamans or spiritual leaders to communicate with spirit world or other greater sources of wisdom
- Much knowledge about healing use of psychedelics originates in indigenous cultural contexts
- Current bias against non-ordinary states of consciousness is unique to our times

Culture and Psychedelics

- Cultural appropriation issues in psychedelic movement
  - Exploitative
  - Using psychedelics for personal gain
  - Alternative: What can we give back to plant medicines? How can we exist in harmony with them?
- Psychedelic tourism reinforces colonialism
- Native cultures are running out of plant medicines (mescaline, ayahuasca, iboga, etc.)



Second Wave of Psychedelics: 1938-1970



- Discovery of **LSD** by Albert Hoffman in 1938, ingestion in 1943 ("bicycle day")
- Distribution to academic institutions, such as the Psychology Department at Harvard.
- Psilocybin popularized after Maria Sabina invited US reporter, published in Life magazine 1957
- Wave of scientific studies using psychedelics to treat psychiatric problems
- Recreational use and cultural influences in music, art, etc.

Early Psychedelic Paradigms

- Psychomimetic: "mimicking" psychosis
  - Eventually abandoned
- Psycholytic Therapy: small doses (e.g. 100 micrograms of LSD) to enhance psychotherapy
- Psychedelic Therapy: larger doses to induce more intense (mystical or peak) experiences
  - Pioneered by Al Hubbard, Stan Grof, etc. (Eisner, 1997)
  - Originated in use of LSD for alcoholism by Humphry Osmond and Abram Hoffer in 1950's
  - Male-female dyads no longer prioritized

Scientific Research During Second Wave

1950-1965: 40,000 patients treated with LSD therapy (alcoholism, neurosis, personality disorders, schizophrenia etc).

- 1000+ scientific papers and six international conferences

"Good Friday" Experiment

- Double-blind placebo-controlled administration of psilocybin mushrooms to divinity students during Good Friday mass
- Results: active group had stronger religious experiences

End of the Second Wave

- Early studies demonstrated promising findings though lacked methodological rigor
- 1968: LSD was banned
- 1970: Controlled Substances Act
- Psychedelic research mostly inactive until the last decade

History of Therapist Abuse in Psychedelics

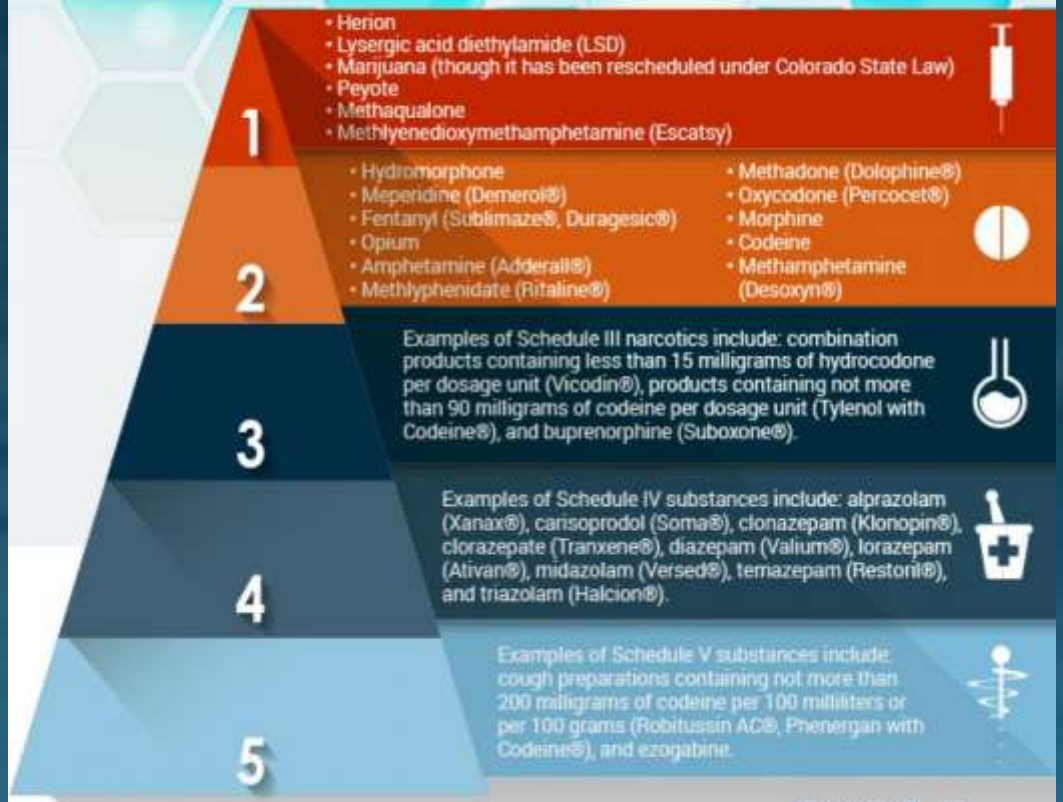
- Abuse in regular therapy continues
  - Sexual misconduct: 7-12% in mental health practitioners (Celenza, 2007)
- Potential for greater abuse in psychedelic therapy (Brennan, Jackson, & MacLean, 2021)
  - Greater intensity of emotion
  - Blurry boundaries between guides and participants
  - Use of touch
  - Greater vulnerability
- History of occurrences:
  - MAPS trial
  - Underground
  - Psychedelic retreats

History of Legal Status in the US

- Psychedelics are currently illegal in all states
- Estimations for legality: 2023-2025
- Exceptions:
  - Psilocybin mushrooms are decriminalized (not legal, just not prioritized by law enforcement) in areas such as:
    - Oregon
    - Santa Cruz & Oakland, CA
    - Washington, DC
    - Denver, CO
    - Ann Arbor, MI
  - Oregon Measure 109 and Psilocybin Treatment
  - Religious groups (Santo Daime, Psilocybin Churches)
  - Clinical Trials
- For more information: bit.ly/psychlegality

THE DRUG SCHEDULE CLASSIFICATIONS PYRAMID

SCHEDULE 1	SCHEDULE 2	SCHEDULE 3	SCHEDULE 4	SCHEDULE 5
Substances that have no currently accepted medical use in the United States, a lack of accepted safety for use under medical supervision, and a high potential for abuse.	Substances in this schedule have a high potential for abuse which may lead to severe psychological or physical dependence.	Substances in this schedule have a potential for abuse less than substances in Schedules I or II and abuse may lead to moderate or low physical dependence or high psychological dependence.	Substances in this schedule have a low potential for abuse relative to substances in Schedule III.	Substances in this schedule have a low potential for abuse relative to substances listed in Schedule IV and consist primarily of preparations containing limited quantities of certain narcotics.



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Legal Alternatives & Synthetic Drugs

- Legal drugs that can produce psychedelic effects: Nutmeg, Salvia, cough syrup ("robotripping"), Kava, Hawaiian Baby Woodrose, Mexican Calea
- Synthetic game of cat-and-mouse with new derivatives being made
  - Federal Analogue Act
  - 4-ACO-DMT
- Usually the more rare, the more risky
- Good to know they exist, don't need to know them all
- Full list: https://www.erowid.org/general/big_chart.shtml

Part 2: Research overview

Summary of Modern Research on Psychedelics and MDMA

- Lots of basic research on molecules and using FMRI (brain scans)
- Ten modern, rigorous, randomized trials
- Several more open label or uncontrolled trials
- Most of the human research is on MDMA and psilocybin
- Some on LSD and Ayahuasca

Neuroscience of psychedelics

Psychedelics involve serotonin activity

- Psychedelics are very complex molecules that bind at many different sites in the brain – most importantly Seratonin 5-HT2A receptors
- Create a broad scale excitation in the brain, particularly where 5-HT2A receptors are most common

Psychedelics disrupt our ordinary sense of self

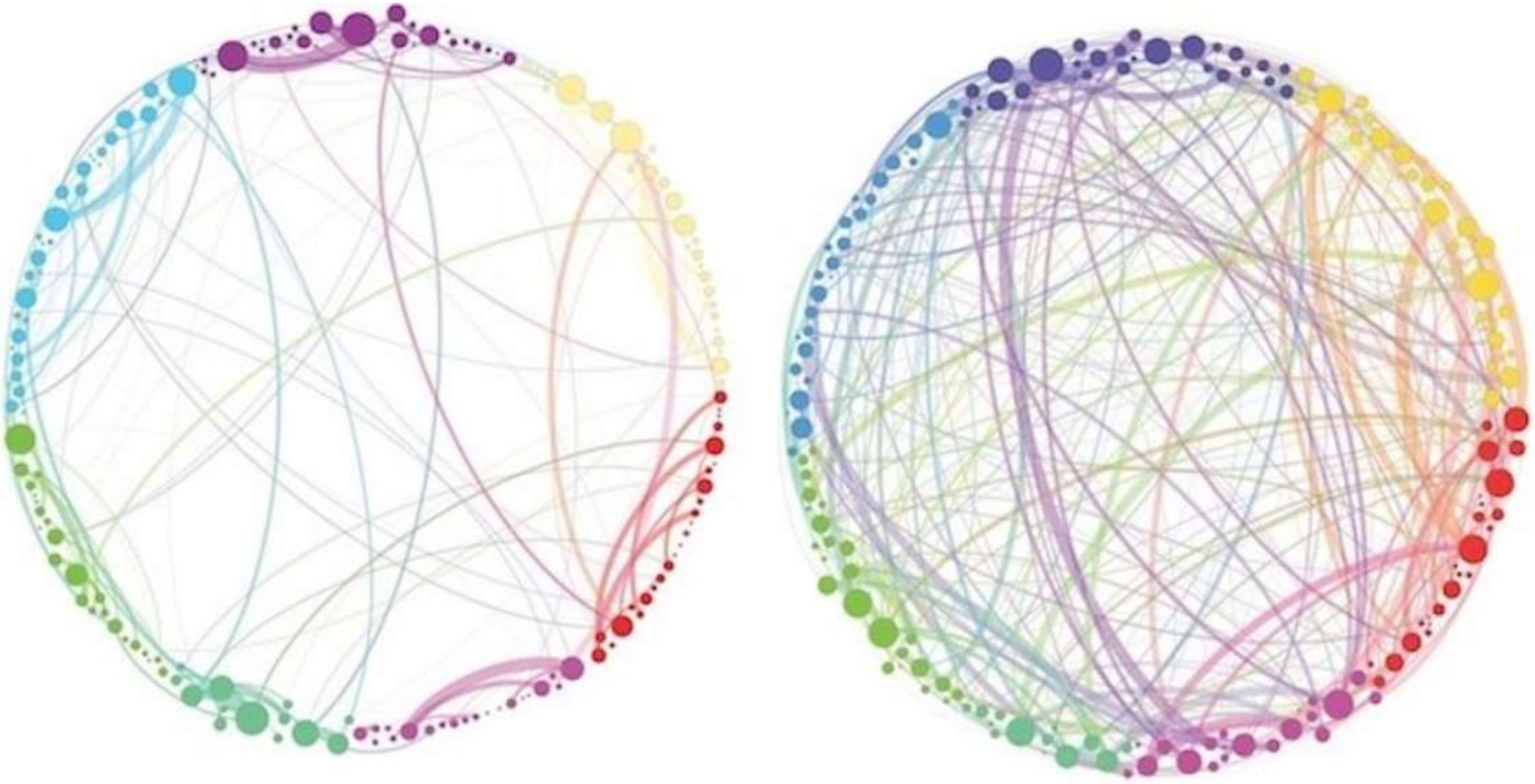
- Affects functional networks in the brain involved in the construction of a sense of self, namely the default mode network (Carhart-Harris et al., 2016)

Entropic Brain Theory (Carhart-Harris, 2018)

- Psychopathology is characterized by rigid brain states
- Psychedelics induce a very flexible brain state
- This variability in brain states is associated with concurrent changes in perception, cognition, affect, and observable behavior
- This variability is indexed by the level of "entropy" in measures of brain activity (e.g., FMRI or EEG)

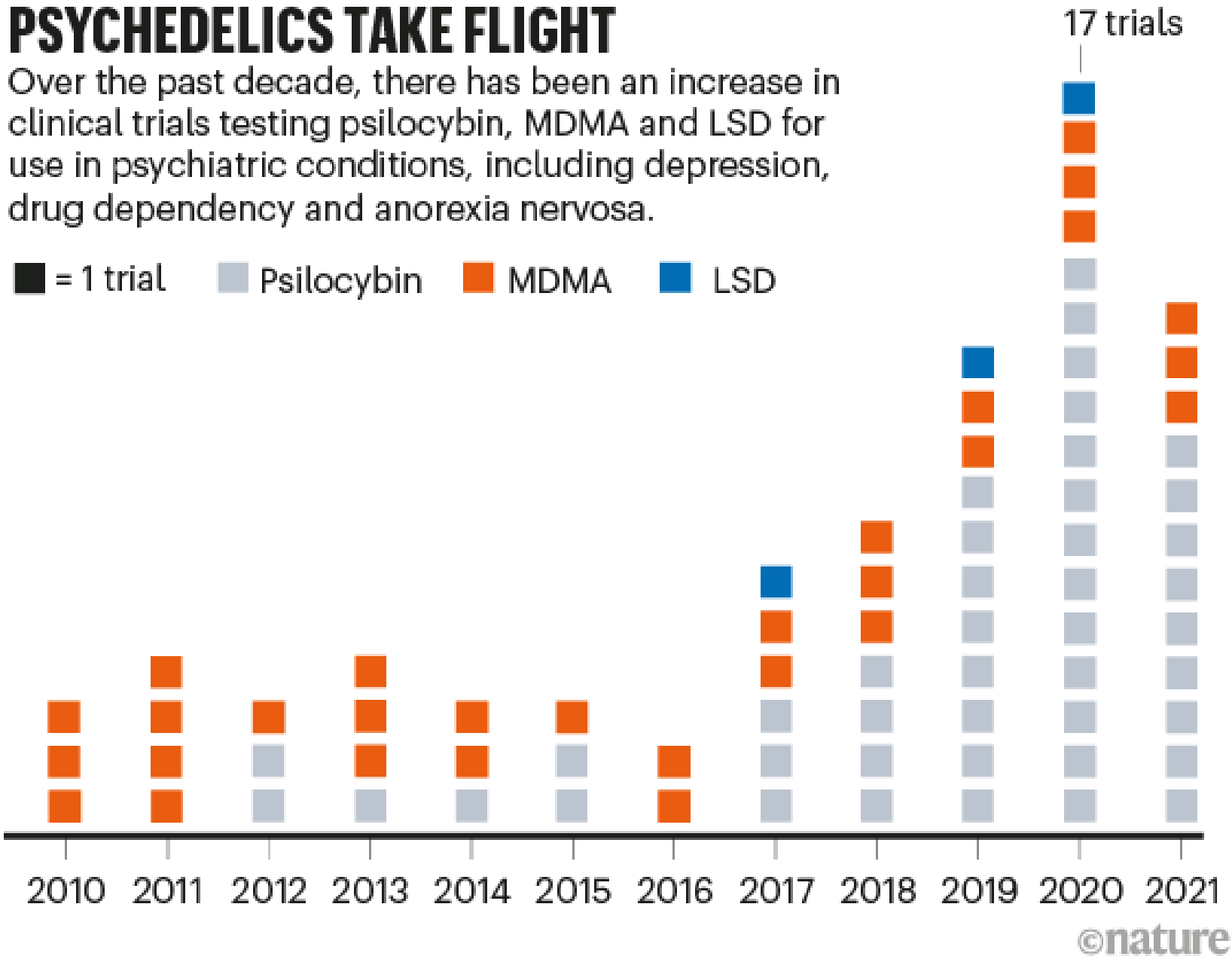
Carhart-Harris, R. L. (2018). The entropic brain-revisited. *Neuropharmacology*, *142*, 167-178.

Entropic Brain Theory



PSYCHEDELICS TAKE FLIGHT

Over the past decade, there has been an increase in clinical trials testing psilocybin, MDMA and LSD for use in psychiatric conditions, including depression, drug dependency and anorexia nervosa.



OCD

Smoking cessation

Alcohol use disorder

Major depression

People with life-threatening illnesses

PTSD

Social anxiety in autistic adults

These conditions have data so far

Psilocybin for OCD (n=9) – acute reductions in OCD and no adverse effects (Moreno et al., 2006)

Psilocybin for Smoking Cessation (n=15) - 80% abstinence rate at a 6-month follow-up and 67% at 12-month follow-up (Johnson, García-Romeu, & Griffiths, 2017)

Psilocybin-assisted therapy for alcohol use disorder (n=10) - self-reported drinking reduced significantly at 9-month follow-up (Bogenschutz, et al., 2015)

LSD-assisted psychotherapy for people with anxiety associated with life-threatening diseases (n=12) - significant reductions in anxiety maintained at a one-year follow-up (Gasser et al., 2014)

Ayahuasca for depression (n=6) - Significant reductions in depressive symptoms were reported at a 3-week follow-up after a single dosing session (Osório et al., 2015; Sanches et al., 2016)

Psilocybin for Depression (n=20) – Very large reductions in depression after 5 weeks with some persistence through six month follow up (Carhart-Harris et al., 2018)

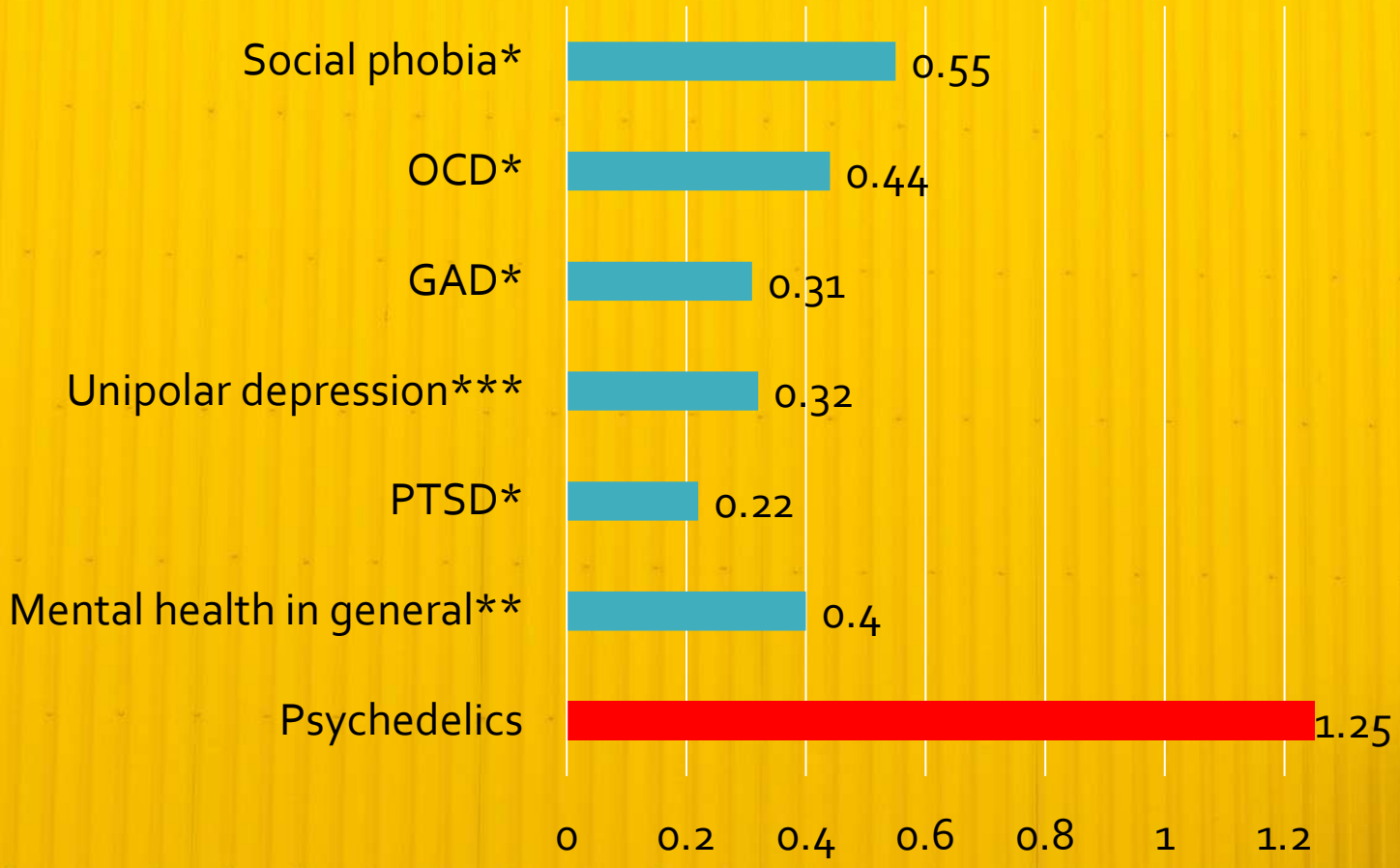
Open trials (uncontrolled)

Placebo Controlled Trials

Luoma, J.B., Chwyl, C., Bathje, G.J., Davis, A. K., & Lancelotta, R. (in press). A Meta-Analysis of Placebo-Controlled Trials of Psychedelic-Assisted Therapy. *Journal of Psychoactive Drugs.*

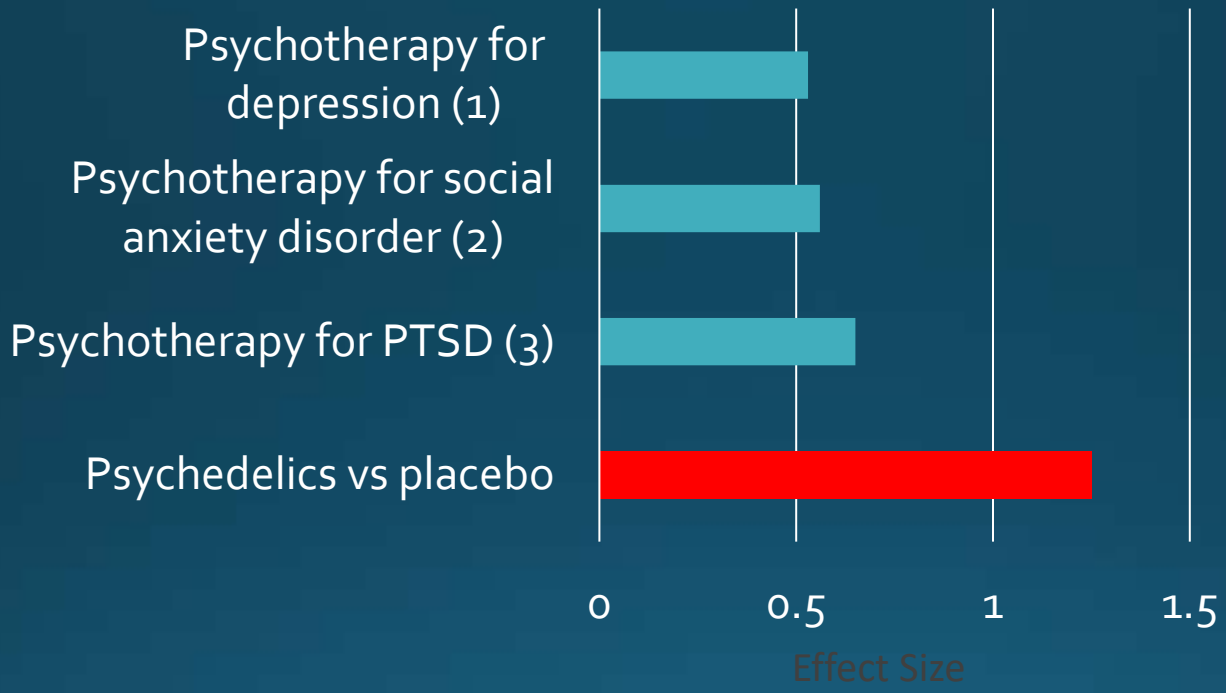
Study	Substance	Sample
Danforth et al. (2018)	MDMA	Socially anxious adults with autism (n=11; 7 MDMA, 4 placebo)
Mithoefer et al. (2011)	MDMA	Chronic PTSD (n=20, 12 MDMA, 8 placebo)
Mithoefer et al. (2018)	MDMA	Chronic PTSD (n=26, 19 high dose, 7 low dose)
Oehen et al. (2013)	MDMA	Chronic PTSD (n-12, 8 MDMA, 4 placebo)
Ot'alora et al. (2018)	MDMA	Chronic PTSD (n=23,18 high dose, 5 low dose)
Gasser et al. (2014)	LSD	Anxiety associated with life-threatening illness (n=11; 8 LSD, 3 placebo)
Griffiths et al. (2016)	Psilocybin	Life-threatening cancer; depression/anxiety (n=50, 25 low dose, 50 high dose)
Palhano-Fontes et al. (2018)	Ayahuasca	Treatment-resistant major unipolar depressive disorder (n=29, 14 Ayahuasca, 15 placebo)
Ross et al. (2016)	Psilocybin	End stage cancer; depression/anxiety (n=29,14 psilocybin, 15 niacin)
Grob et al. (2012) (not in meta-analysis)	*Psilocybin*	*End stage cancer; depression/anxiety (n=12)*

Psychedelic-assisted therapy has larger effect sizes than established psychopharmacology (n=9)



* Huhn et al. 2014
** Cipriani et al. 2018
*** Leucht, Hierl, Kissling, Dold, & Davis, 2012

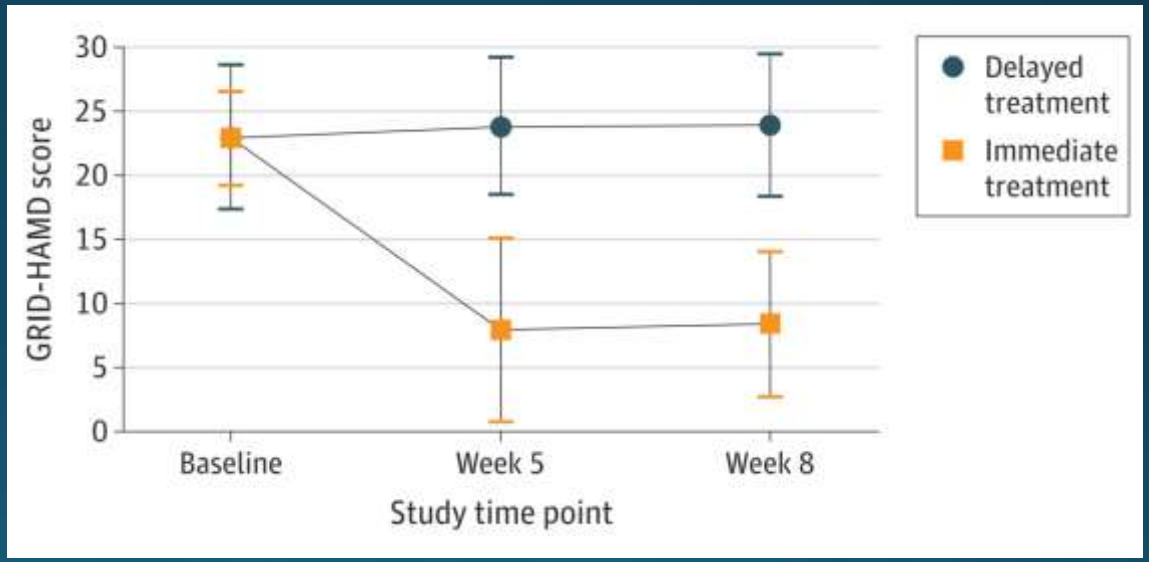
Psychedelic-Assisted Therapy Has Larger Effect Sizes than Most Psychotherapy



1. Cuijpers, P., et al. A meta-analysis of cognitive-behavioural therapy for adult depression, alone and in comparison with other treatments. Canadian J Psychiatry 58, 376-385 (2013).
2. Mayo-Wilson, E. et al. Psychological and pharmacological interventions for social anxiety disorder in adults: A systematic review and network meta-analysis. Lancet Psychiatry 1, 368-376 (2014).
3. Powers, M. B., Halpern, J. M., Ferenschak, M. P., Gillihan, S. J., & Foa, E. B. A meta-analytic review of prolonged exposure for posttraumatic stress disorder. Clin Psychol Rev 30, 635-641 (2010).

Johns Hopkins - Psilocybin-assisted therapy for depression vs waitlist (n=24)

Large decreases in depression from two sessions of PAT(d=2.5) at post-treatment



Davis, A. K., Barrett, F. S., May, D. G., Cosimano, M. P., Sepeda, N. D., Johnson, M. W., ... & Griffiths, R. R. (2020). Effects of psilocybin-assisted therapy on major depressive disorder: a randomized clinical trial. *JAMA psychiatry*.

2nd Imperial Trial - Psilocybin-assisted therapy for treatment resistant depression

Complicated trial with two conditions

Escitalopram condition (n=29)	Psilocybin condition (n=30)
2 dosing sessions with 1 mg psilocybin (inactive dose)	2 dosing sessions with 25 mg psilocybin (active dose)
35-40 hours therapy	35-40 hours therapy
Escitalopram (Lexapro)	placebo

Carhart-Harris et al. (2021). Trial of Psilocybin versus Escitalopram for Depression. *New England Journal of Medicine*, *384*(15), 1402–1411.

2nd Imperial Trial - Psilocybin-assisted therapy for treatment resistant depression

- No significant between groups differences on primary outcome measure (QIDS-SR-16)
- 70% responded in psilocybin, 48% in escitalopram
- 57% in remission in psilocybin, 28% in escitalopram
- Significant differences on many secondary measures, including: other depression measures, avoidance, social and work functioning, anxiety

Carhart-Harris et al. (2021). Trial of Psilocybin versus Escitalopram for Depression. *New England Journal of Medicine*, *384*(15), 1402–1411.

Phase 3 trial of MDMA-AP for PTSD

Phase 3 RCT of MDMA-AP for PTSD

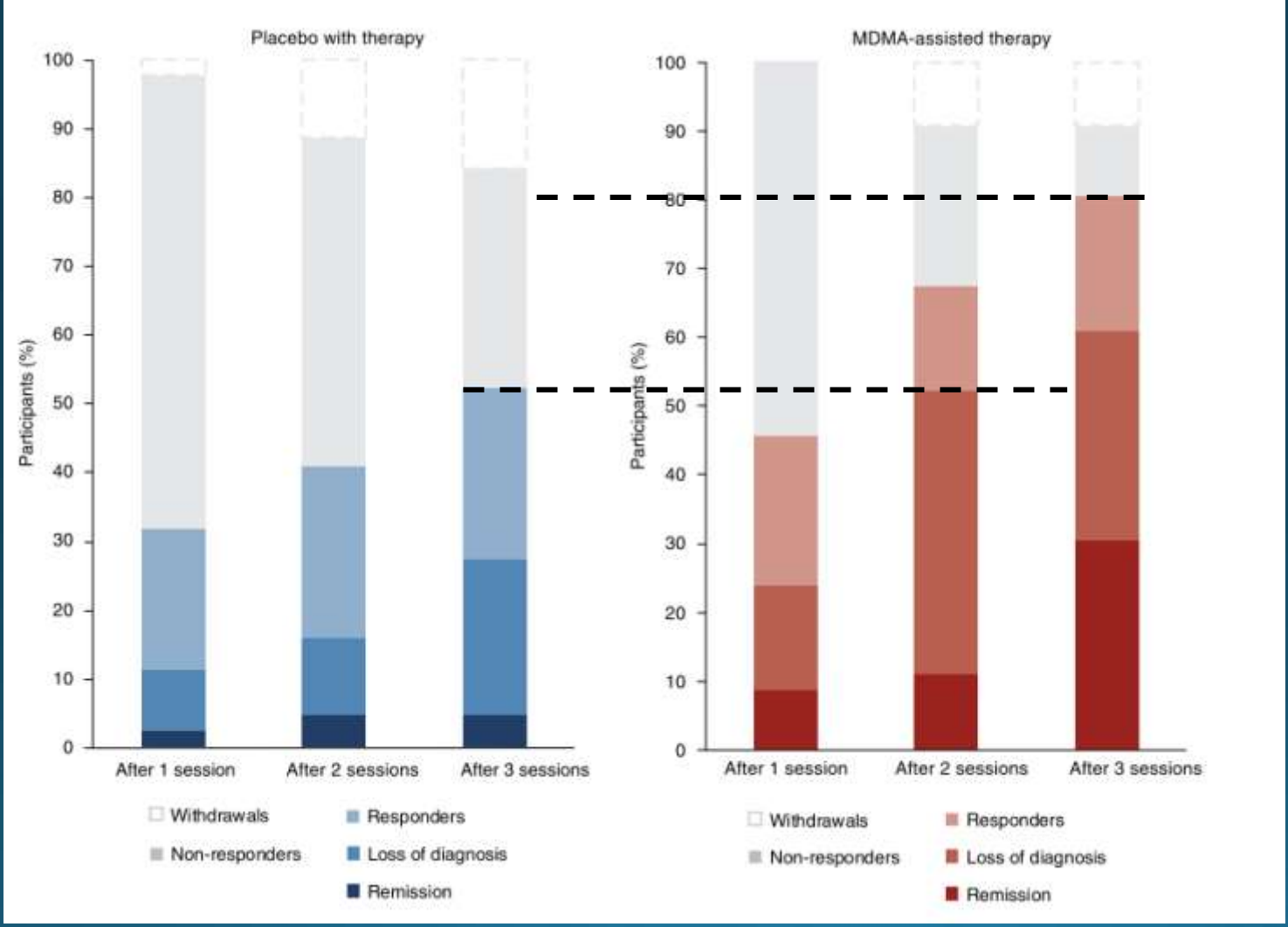
- 91 people with PTSD randomized to MDMA-AP or placebo

Results

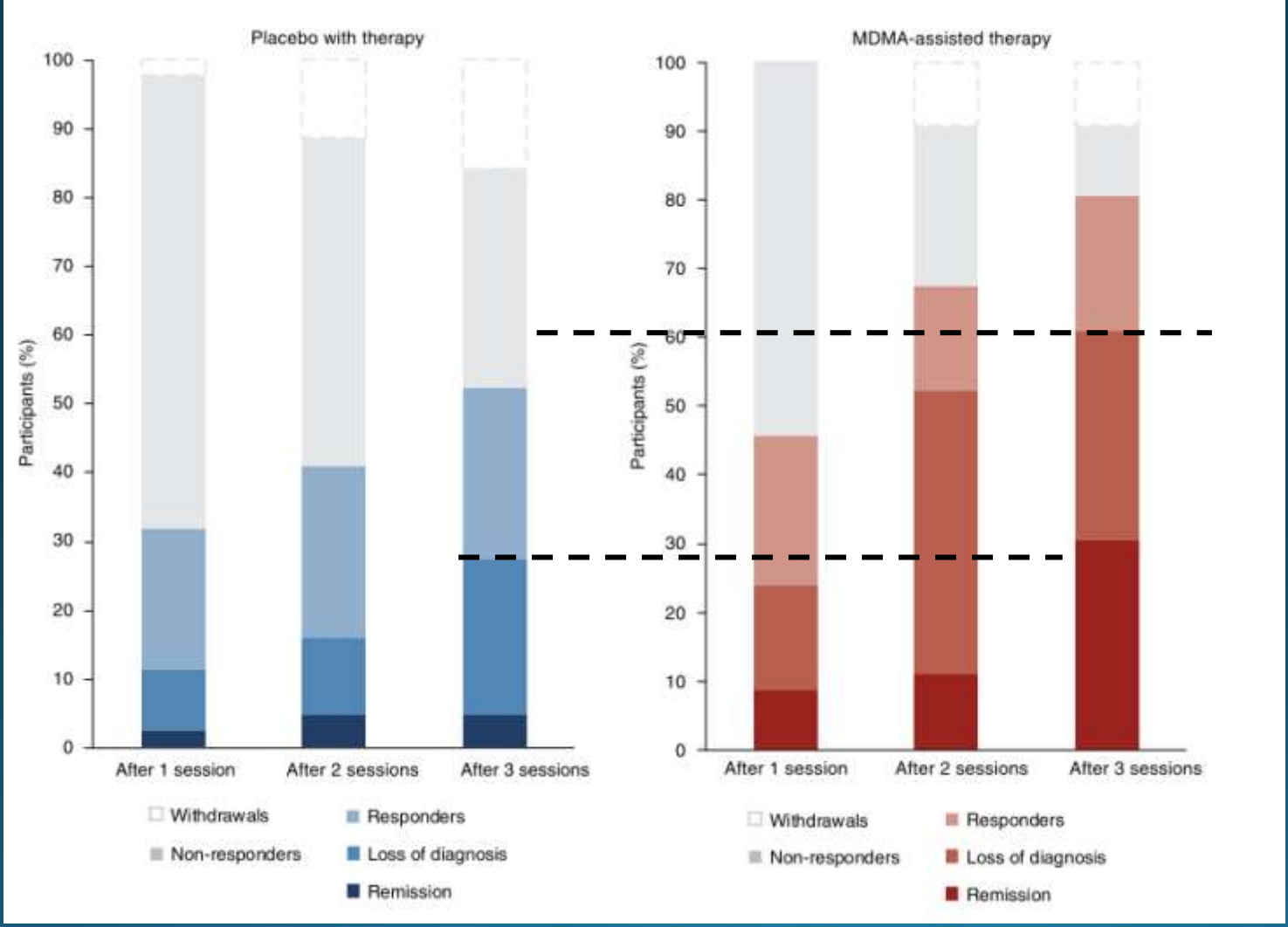
- Between groups effect of d = .91 at post-treatment

Mitchell, J.M. et al. (2021). Phase 3 MDMA-assisted therapy for severe PTSD: a randomized, double-blind, placebo-controlled phase 3 study. *Nature Medicine*. https://doi.org/10.1038/s41591-021-01336-3

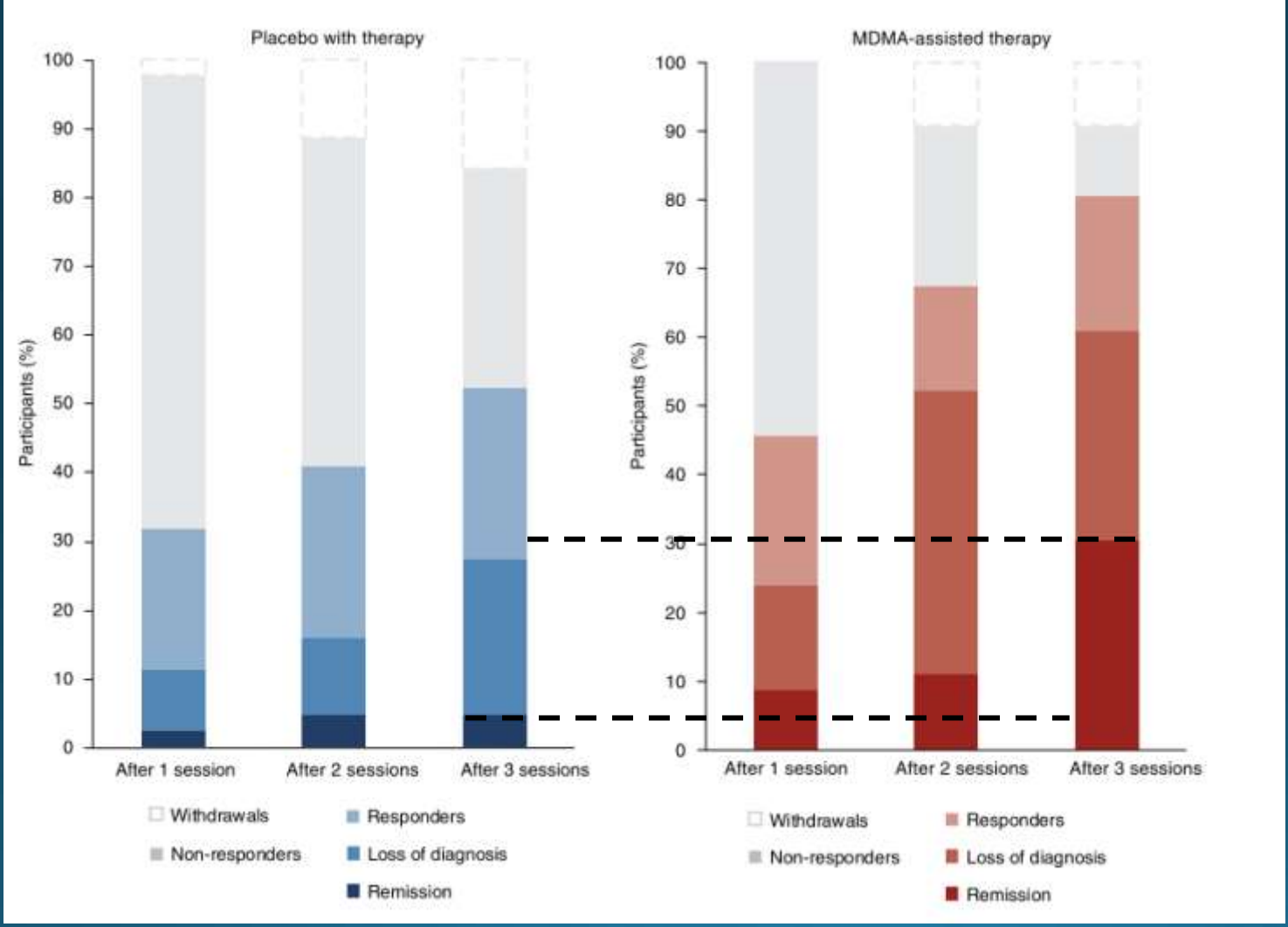
Responders


Placebo with therapy
MDMA-assisted therapy
Participants (%)
100
90
80
70
60
50
40
30
20
10
0
After 1 session
After 2 sessions
After 3 sessions
Withdrawals
Non-responders
Responders
Loss of diagnosis
Remission

No longer met PTSD diagnosis



Complete Remission



Psychedelic-Assisted Therapy can be Hard!

Challenging experiences are common and dose dependent

69 participants and 204 sessions across three studies (Griffiths et al., 2006, 2011; Johnson et al., 2014)

High dose psilocybin (0.429 mg/kg psilocybin)

30% experienced marked periods of anxiety or fear
17–39% experienced paranoia (Griffiths et al., 2006, 2011).

Moderate dose of psilocybin (0.315 mg/kg psilocybin)

7% reported marked periods of anxiety, fear, or dysphoria

Primary risks of psilocybin

Challenging experiences -- “Bad trip”

Physical harm – e.g., falling or slipping, accidents

Moderate increases in blood pressure and heart rate

Headaches shortly after

Serious but rare risks:

Hallucinogen persisting perception disorder **-** Persisting perceptual changes (flashbacks) – only observed in recreational use

Possibility of triggering or contributing to psychosis

Typical contraindications

For classical psychedelics

- Bipolar I disorder
- Family history of psychosis/schizophrenia
- Unsafe environment
- Lack of social support
- Studies often exclude all people with personality disorders (so very little data on folks with that kind of complexity)

For MDMA

- Some heart conditions

Caveats of this research

Still early days in terms of research

These are studies are coming from a White, Western medicalized framework (with its downsides)

Under representation of people of color in research (and mainstream coverage, like Michael Pollan's book)

- Psychotherapy protocols may not be appropriate for many people

George, J. R., Michaels, T. I., Sevelius, J., & Williams, M. T. (2020). The psychedelic renaissance and the limitations of a White-dominant medical framework: A call for indigenous and ethnic minority inclusion. *Journal of Psychedelic Studies*, *4*(1), 4-15.

How does psychedelic assisted therapy work? One idea: Let's ask clients!

Watts, R., & **Luoma, J.B.** (2020). The use of the psychological flexibility model to support psychedelic assisted therapy. *Journal of Contextual Behavioral Science, 15,* 92-102

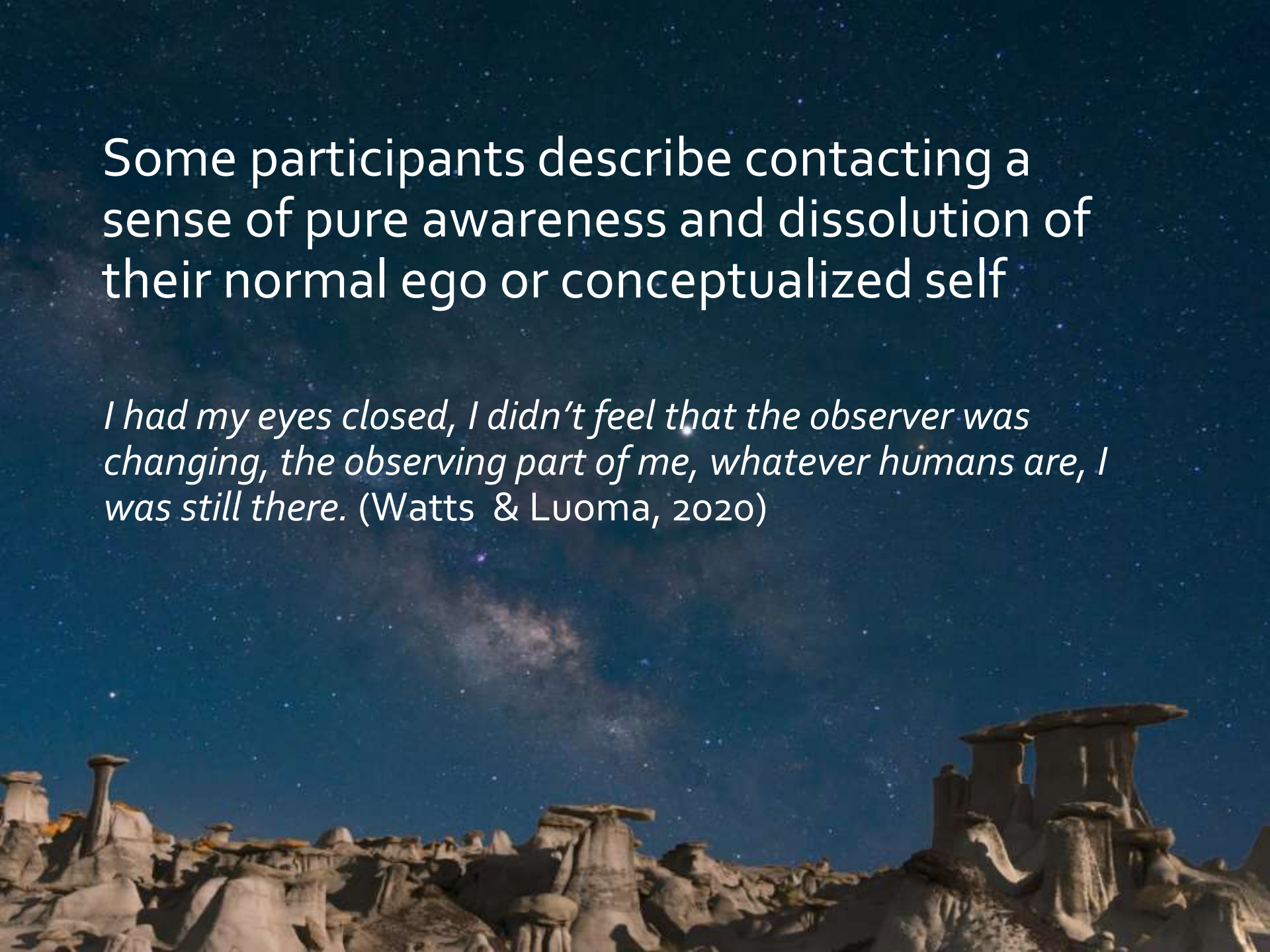
Watts, R., Day, C., Krzanowski, J., Nutt, D., & Carhart-Harris, R. (2017). Patients' accounts of increased "connectedness" and "acceptance" after psilocybin for treatment-resistant depression. *Journal of humanistic psychology*, *57*(5), 520-564.

Psychedelics can invoke a psychological "freshness" – a more direct sensory experience of the world, more present and less mediated by the conceptualized self (Watts & Luoma, 2020)

I felt more grounded, also more calm. My natural state is the opposite of mindfulness –its mindlessness. I'm usually quite far away from the moment. That week I was very much there, very connected….I felt grounded, connected, more there.

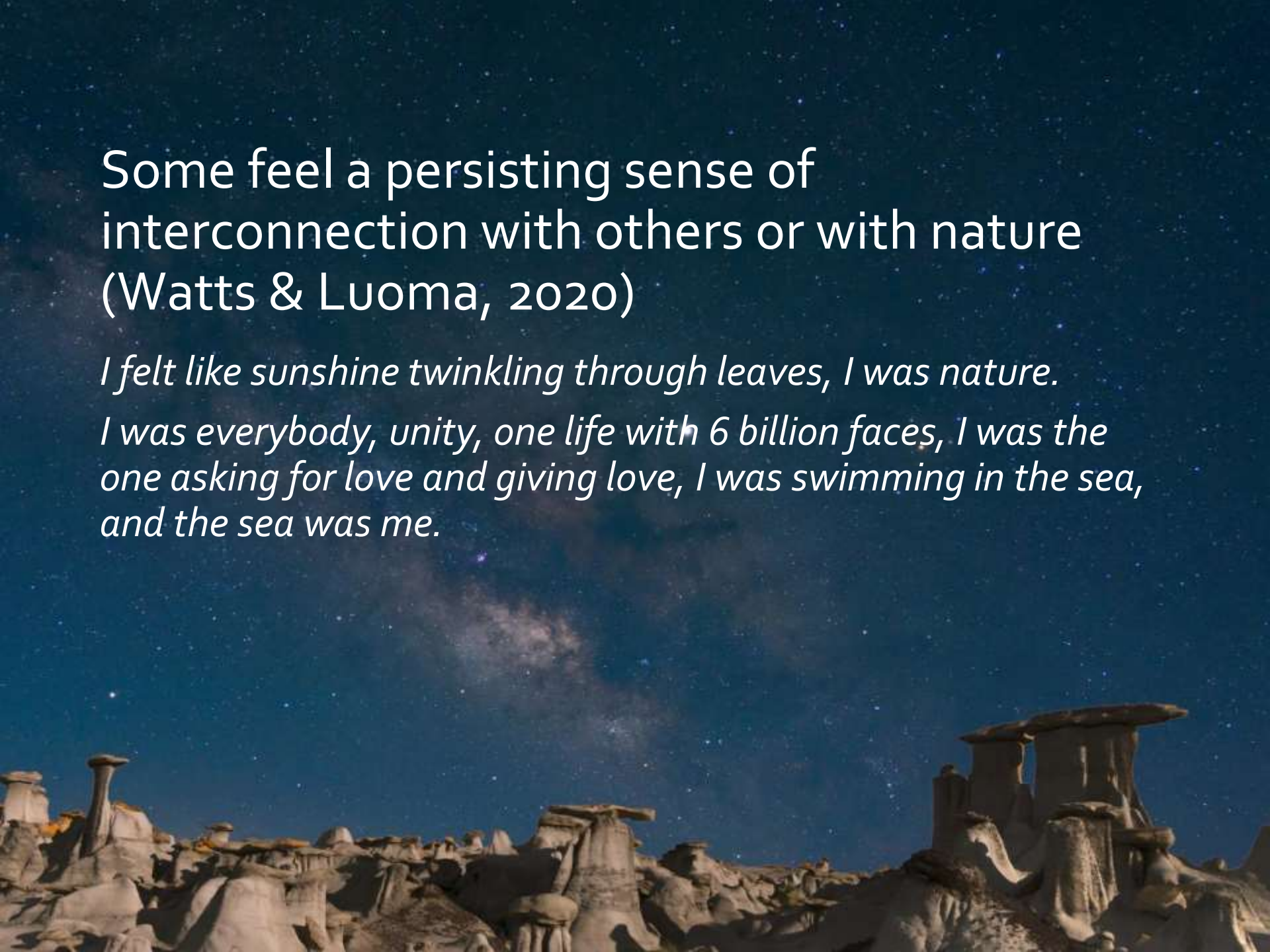
Many experience an increased acceptance of and openness to their emotional experience (Watts & Luoma, 2020)

The experience was of feeling desperate to flee and really then just an epiphany, I broke through and I became comfortable, my body felt so relaxed and I just fell asleep. There was an implication: I had gone through something. I had been shaking; then after I accepted it, it was like my body just relaxed. When I woke up the difference I felt wasn't gradual, it was an instantaneous huge leap towards a normal life.



Some participants describe contacting a sense of pure awareness and dissolution of their normal ego or conceptualized self

I had my eyes closed, I didn't feel that the observer was changing, the observing part of me, whatever humans are, I was still there. (Watts & Luoma, 2020)



Some feel a persisting sense of interconnection with others or with nature (Watts & Luoma, 2020)

I felt like sunshine twinkling through leaves, I was nature.

I was everybody, unity, one life with 6 billion faces, I was the one asking for love and giving love, I was swimming in the sea, and the sea was me.

Reports include encounters with an "inner teacher," loving beings or "guiding spirits," and contact with a part of the self capable of great love/compassion (Swift et al., 2017)

I had an encounter with a being, with a strong feeling that that was myself, telling me it's alright, I don't need to be sorry for all the things I've done. I had an experience of tenderness towards myself. During that experience, there was a feeling of true compassion I had never felt before. (Watts & Luoma, 2020)

People sometimes report a reconnection their values and renewed ability to take action

This female voice, she was so eloquent, 'just don't worry, I know things are bad now, as you live it will change. Do not eat land animals.' I said, 'I like chicken and meat,' and she said, 'No it is not good for you.' They brought in an egg sandwich and I remember looking at it and saying, 'you're taking eggs from a chicken. I can't eat this. Something within believes I shouldn't eat chicken and that yeah I will get [healthy]

How does psychedelic assisted therapy work? 2nd idea: Let's look at the data

What's the opposite of trauma?

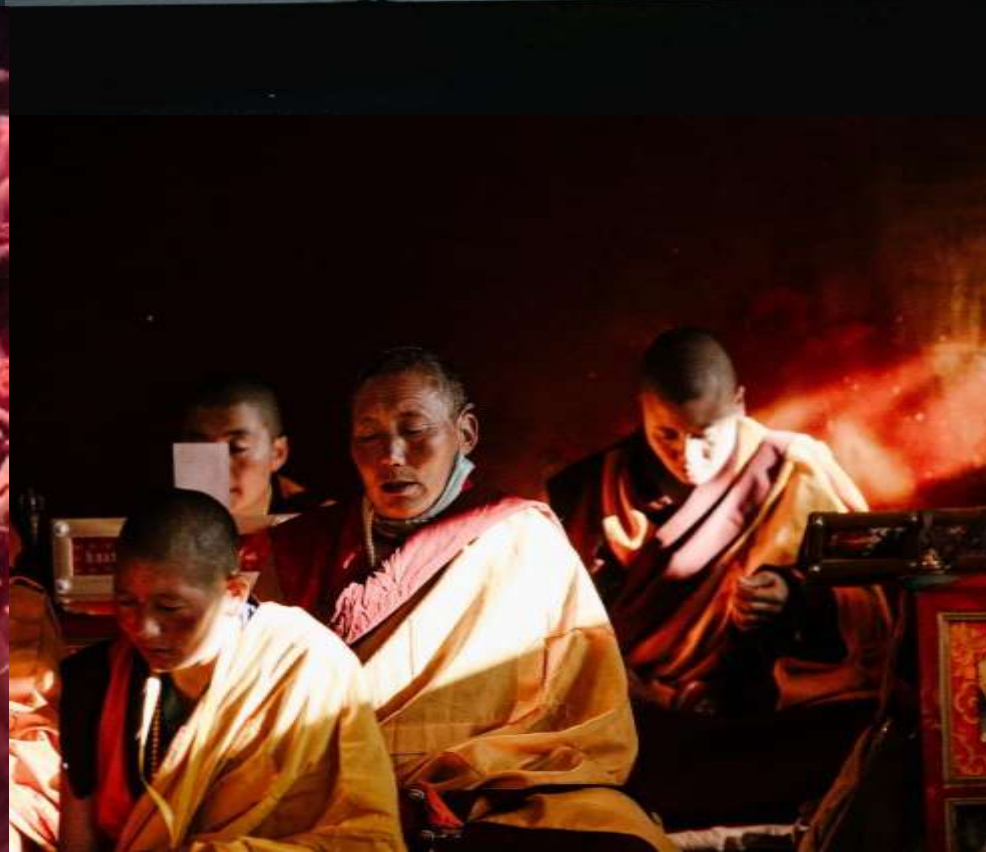
Are there single experiences which can transform lives in positive ways?

What does it mean to have a mystical experience?

Defining feature: unity or the experience of becoming one with all that exists

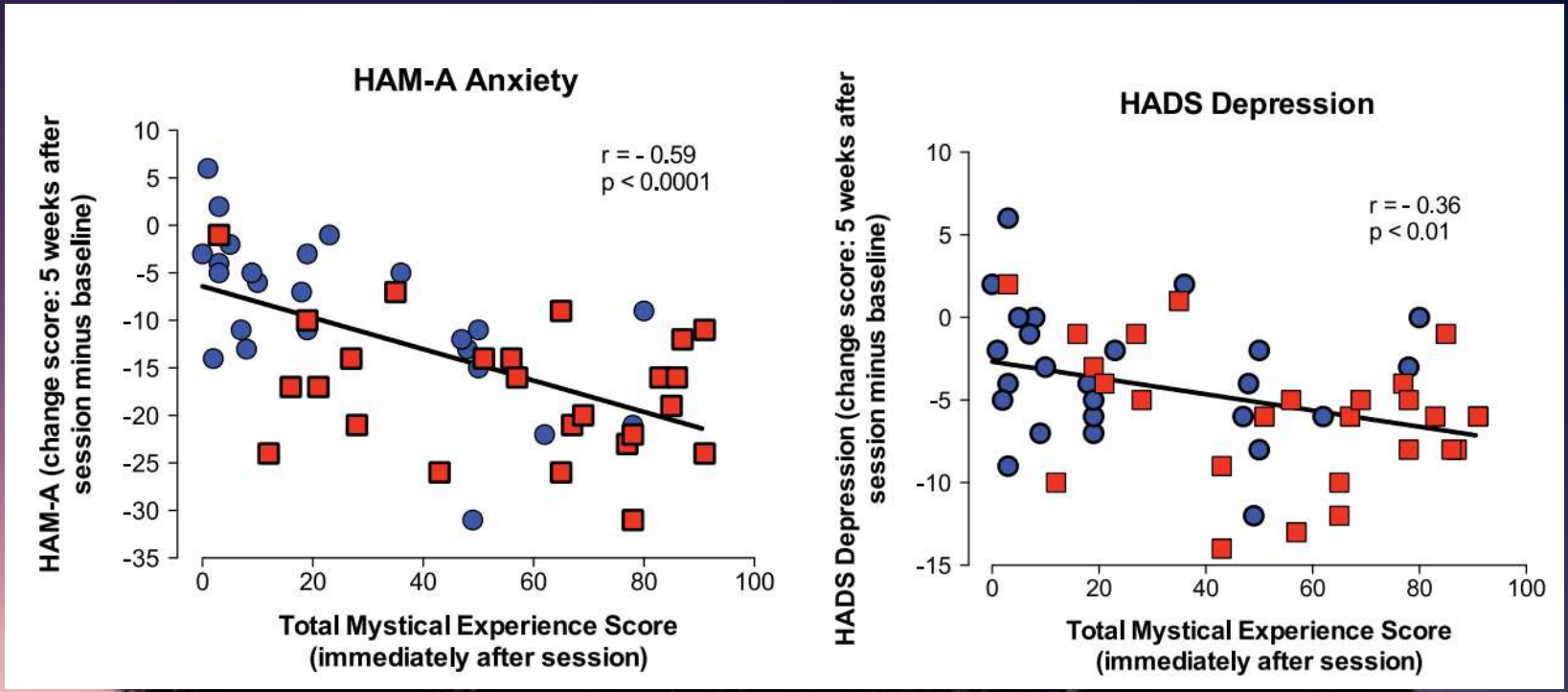
Other features (Stice, 1960):

- **transcendence of time and space** - feelings of infinite time and limitless space, transcending usual time and space boundaries
- **noetic quality** - a sense that the experience was a source of objective truth
- **sacredness** - worthy of reverence, divine, or holy, a living presence in all things
- **positive mood** – peace, joy, awe, bliss
- **ineffability/paradoxicality** - needing to use illogical or contradictory statements to describe the experience, difficulty communicating or describing the experience to others



Mystical experience predicts outcome from psychedelic assisted therapy

Griffiths et al. (2016) – people with cancer trial and anxiety/depression (n= 51)



Limitations in Research

- Lack of diversity in research participants
  - 17 studies from 2000 to 2017 = 82.5% were white
    - 2.2% Latino, 1.5% Asian, 4.7% indigenous (Michaels, Purdon, Collins, & Williams, 2018)
    - Generalizability problem within psychology and psychiatry
- Lack of diversity in researchers
  - Need to integrate women and people of color into psychedelic science (George, Michaels, Sevelius, & Williams, 2020)
- Need to adapt PAP to be more culturally informed
  - Informed consent, diversity in treatment team, setting and music selections, awareness of impact of racial trauma, etc. (Williams, Reed, & Aggarwal, 2020)
  - Considerations for working with Native Americans such as mistrust of non-native people, small communities, tendency to be more private, importance of spirituality (Eriacho, 2019)

Eriacho, B. (2020). Considerations for psychedelic therapists when working with Native American people and communities, *Journal of Psychedelic Studies*, *4*(1), 69-71.
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Part 3: Psychedelic Assisted Therapy

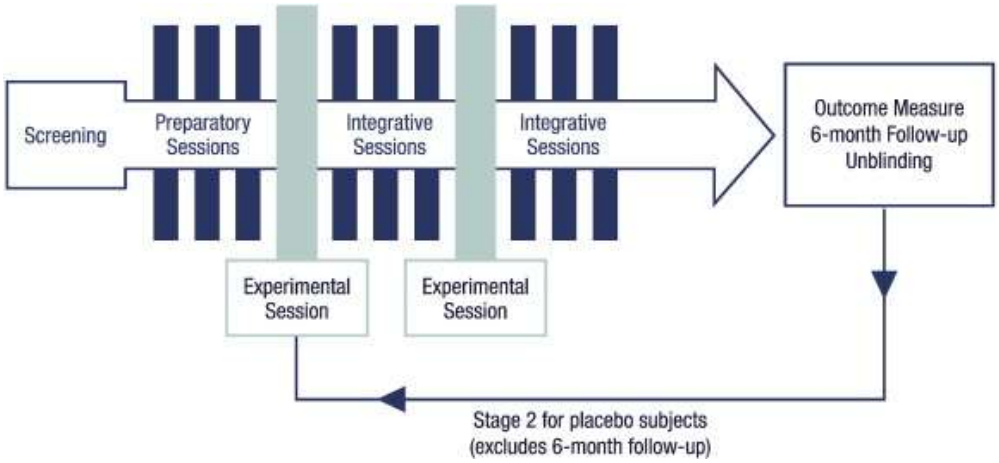
Preparation

Dosing

Integration

PAP Model in Recent Trials

- 3 preparation sessions
- 2-3 dosing sessions (6-8 hours)
- 3 90-minute integration sessions after each dosing session



Preparation in Clinical Trials

- Establishing therapeutic alliance
- Conducted in same room
- Review personal history
- Info about risks, side effects, and effects
- Given guidance on how to handle difficult psychedelic experiences
  - Surrender/Acceptance
- Clarifying intention
- Planning

Dosing Session in Clinical Trials

- Comfortable room, neutral art
- Eye shades and music
- Therapist dyad
- Participant never left alone
- Assisted with going to the bathroom, etc.
- Contain participant in room

Dosing Session in Clinical Trials

- Psilocybin vs MDMA
- Non-directive approach
  - MAPS: inner-healing intelligence (IHI)
- Therapists provide reassurance
  - Confident and comforting tone
  - Use of touch
- Aftercare: escorted home or stay overnight

Integration in Trials

- Non-structured and open
- Process experience
- Address challenges or unresolved distress
- Promote self-care (eating, sleeping) and social connection
- Values and priorities
  - Implementing desired changes
  - No big decisions

Psychedelic Integration

- Profound experiences do not automatically translate into change
- Multidisciplinary approach: therapy, spirituality, exercise, art, music, body work, acupuncture, medicine
- Can use same therapy training to address any meaningful life experience
- Therapeutic process begins at decision to use psychedelics and unfolds for days, weeks, years after
  - Wedding metaphor

Psychedelic Integration: Other Components

- Resolving conflict between psychedelic experience and one's prior belief systems
- Coping with fading of experience and return to older habits and mindsets
- Dealing with stigma
  - Caution to protect experience and be selective in sharing
- Addressing changes in relationships
- Deciding on next steps (psychotherapy, more psychedelics, etc).

Video Clip: Trip of Compassion

Part 4: Psychedelic Harm Reduction and Integration in Current Clinical Practice

HARM REDUCTION

INTEGRATION

LEGAL AND ETHICAL RISKS FOR CLINICIANS

STEPS TO MITIGATE RISKS

ADDITIONAL TRAINING

SELF-REFLECTION

Psychedelic Harm Reduction and Integration in Current Clinical Practice

- People are seeking psychedelics
- Study: 32 million lifetime users of psychedelics in the US (Krebs & Johansen, 2013)
- Can meet with clients before and after psychedelic use
  - Preparation → Harm reduction
  - Integration is similar to trials
- New clinical area (Gorman, Nielson, Molinar, Cassidy, & Sabbagh, 2021)
  - Unclear guidelines
  - Sensitive legal issues

Preparation: Harm Reduction

- Psychotherapy for the use of psychedelics is conducted with harm reduction approach (the word "preparation" is not used)
- Harm Reduction: set of practical strategies and interventions for reducing negative consequences associated with drug use
  - Social justice movement to promote respect for the rights of people who use drugs

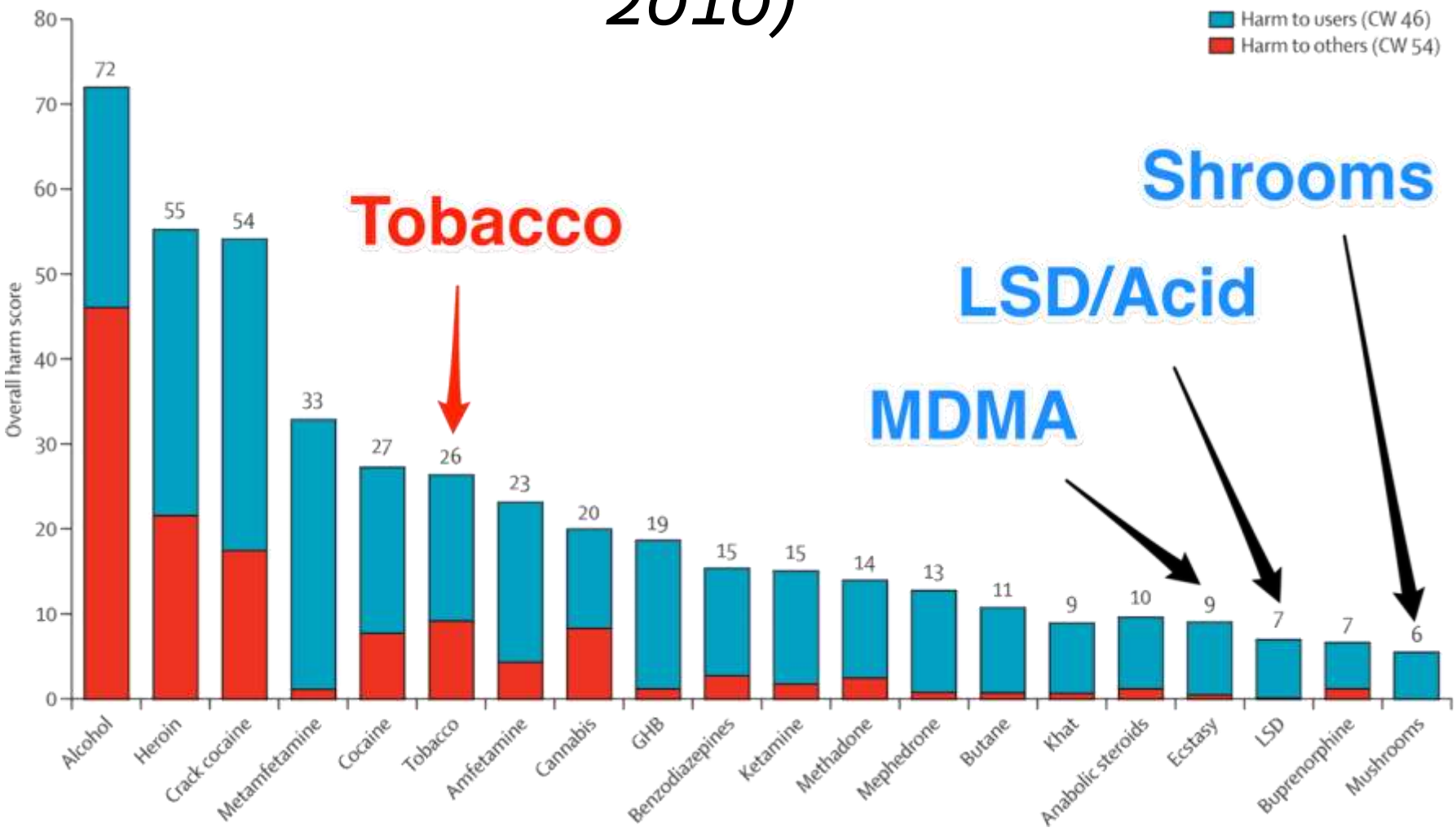
Harm Reduction in Psychotherapy for Psychedelics

- Similar activities to preparation sessions in trials
- Therapist adopts a neutral stance
- Accessing accurate information
- Having clients do their own research as homework
- Identifying risks and benefits with psychedelic use
- Clarifying reasons for seeking psychedelics

Harm Reduction in Psychotherapy for Psychedelics

- Developing alternative options for attaining goals (e.g. therapy)
- Creating realistic expectations
- Safety planning: emergency contact, etc
- Empower individuals to make informed decisions that make sense for them

Safety Profiles (Nutt, King & Phillips, *2010)*



Stigma

- Stigma related to misinformation, myth, drug war
- Drug policy rooted in racism and politics, not evidence (Rosino & Hughey, 2018)
- Psychedelic exceptionalism: “good drugs” vs “bad drugs”
- Survey of psychologists found cautiously favorable attitudes though concerns about risk (Davis, Agin-Liebes, España, Pilecki, & Luoma, 2021)
- Shows up in clients and therapists: attitudes, beliefs, experiences, etc.

Explaining Risks to Clients

Potential Risks

- Challenging experiences
- Being in a vulnerable state
- Uncertainty of safety and purity
- Potential interactions with medications or health
- Sudden or destabilizing changes in perspective
- Difficulty explaining experiences to others
- Difficulty returning to daily life
- Potential risk for triggering psychosis

Does this person have sufficient distress tolerance and emotion regulation capabilities to experience and integrate a psychedelic experience?

- E.g. Example of exposure therapy for PTSD

Drug Test Kits

- Pill testing/adulterant screening
- Available for most psychedelics
- Easy to use and reliable
- https://dancesafe.org/shop/
- Also available: Laboratory pill testing and pill reports
- https://pillreports.net/

Medication Interaction

- Need for more evidence
- Review of drug-drug interactions: (Sarparast et al., 2022)
- Encourage client to speak with psychiatric provider (limits of competency)
- Blunting effect (Feduccia, Jerome, Mithoefer, & Holland, 2020).
- Risk: serotonin syndrome, etc.

Antidepressant & Psychedelic Drug Interaction Chart

This chart is not intended to be used to make medical decisions and is for informational purposes only. It was constructed using data whenever possible, although extrapolation from known information was also used to inform risk. Any decision to start, stop, or taper medication and/or use psychedelic drugs should be made in conjunction with your healthcare provider(s). It is recommended to not perform any illicit activity.

Antidepressant	Phenethylamines -MDMA, mescaline	Tryptamines -Psilocybin, LSD	MAOI-containing -Ayahuasca, Syrian Rue	Ketamine	Ibogaine
SSRIs - Paroxetine (Paxil) - Sertraline (Zoloft) - Citalopram (Celexa) - Escitalopram (Lexapro) - Fluxoetine (Prozac) - Fluvoxamine (Luvox) **SPARI** - Vibryyd (Vilazodone) - Trintellix (Vortioxetine) **SNRI** ·Venlafaxine (Effexor) ·Duloxetine (Cymbalta) ·Desvenlafaxine (Pristiq) ·Levomilnacipran (Fetzima)	Taper & discontinue at least 2 weeks prior (all except fluoxetine) or 6 weeks prior (fluoxetine only) due to loss of psychedelic effect MDMA is unable to cause release of serotonin when the serotonin reuptake pump is blocked. This leads to drastically reduced effects [1-7]	Consider taper & discontinuation at least 2 weeks prior (all except fluoxetine) or 6 weeks prior (fluoxetine only) due to potential loss of psychedelic effect Chronic antidepressant use may result in down-regulation of 5HT2A receptors and blunted psychedelic experiences [8, 9]. This does not seem to affect psilocybin for some	Taper & discontinue at least 2 weeks prior (all except fluoxetine) or 6 weeks prior (fluoxetine only) due to potential risk of serotonin syndrome Life threatening toxicities can occur with these combinations and is strictly contraindicated [10, 11]	Has been studied and found effective both with and without concurrent use of antidepressants Recommended to be used in conjunction with oral antidepressants by esketamine manufacturer	Taper & discontinue at least 2 weeks prior (all except fluoxetine) or 6 weeks prior (fluoxetine only) due to risk of additive QTc interval prolongation, arrhythmias, or cardiotoxicity Some antidepressants are liver (CYP2D6) inhibitors and have been shown to double ibogaine blood concentrations [12]
DNRI - Bupropion (Wellbutrin)	Increased effects of MDMA with higher blood concentrations for longer [13]. May increase risk of seizures in combination. Caution in combination. Consider taper & discontinuation of bupropion. Alternatively, a 25% reduced dose of MDMA if bupropion is continued.	Loss of effect not predicted to occur, consider taper & discontinuation depending on goals of psychedelic use	Taper & discontinue at least 2 weeks prior due to potential of adverse effects, however serotonin syndrome unlikely to occur [14]		Taper & discontinue at least 2 weeks prior to use. May increase risk of seizures in combination. CYP2D6 inhibitor with potential to increase ibogaine blood cocnentrations
- Mirtazapine (Remeron)	Taper & discontinue at least 2 weeks prior due to loss of psychedelic effect Mirtazapine does not block the serotonin reuptake pump like SSRI, SPARI, or SNRI antidepressants. It blocks the 5HT2A receptor, thus is predicted to cause a blunting or loss of psychedelic effects. It has not been associated with serotonin syndrome with MAOIs [14]				Taper & discontinue at least 2 week prior due to risk of additive QTc interval prolongation, arrhythmias, or cardiotoxicity

SSRI = selective serotonin reuptake inhibitor SPARI = serotonin partial agonist and reuptake inhibitor SNRI = serotonin norepinephrine reuptake inhibitor DNRI = dopamine norepinephrine reuptake inhibitor MAOI = monoamine oxidase inhibitor SERT = serotonin reuptake pump SHT2A = serotonin 2A receptor

Microdosing

- Microdosing: using small sub-perceptual doses
- Survey study (Cameron, Nazarian & Olson, 2020).
- Placebo effect? (Szigeti et al., 2021)
- Benefits: mood, anxiety, memory, sociability, attention, pain, work/school performance, sports performance, reading, learning languages, energy, creativity, spiritual awareness…
- Risks: using illegal substances, accidentally taking too much, potential unknown risks of frequent use (e.g. heart problems)

Options for Clients Who Want a Psychedelic Experience

Current legal options for clients:

- Ketamine, cannabis
- Religious groups (e.g. Sacred Heart Medicine)
- Holotropic breathwork
- Clinical trials
- Psychedelic tourism (Netherlands, Jamaica, etc)
- Retreats (yoga, meditation, etc)
- Atypical psychedelics (e.g. Salvia)
- Light-induced (e.g. mind machine)
- Other spiritual practices

Options for Clients Who Want a Psychedelic Experience

Common Illegal routes

- Self-use
  - Group, individual, friend as sitter
- Underground guides

Explaining Benefits to Clients: Practice Exercise

"I heard something about magic mushrooms being used in therapy. Why are psychedelics beneficial?"

Explaining Benefits to Clients

- Practice your own description:
  - Tools for growth
  - Helps us confront things we are avoiding
  - Clarifies values
- Point to outcome data from clinical trials
  - "When used in a safe and supportive context, they can be beneficial for at least some psychological problems."
  - "MDMA seems to have this ability to heal past trauma."
- "Recreational" use vs. Intentional use
- Evidence-based perspective: the farther one strays from the PAP model, the greater the probability of challenging or adverse experience

Common Issues in Psychedelic Harm Reduction & Integration

Are psychedelics right for me?	• "I just read Michael Pollan's book..." • Psychedelics are not for everyone
I can't find a guide. Can I do psychedelics by myself?	• Ideal to have experienced person • Do alone only if experienced
What if I have a bad trip?	• Uncontrolled set and settings • Assumption: medicine gives you what you need
I want to feel bliss, speak to God, and connect with the universe	• Psychedelics can be work! • Spiritual bypassing: using spirituality to avoid problems and personal issues (Welwood, 2002).
Have you tried psychedelics?	• Have a prepared answer • Yes/no, not details

Part 5: Legal and ethical issues

Pilecki, B., Luoma, J.B., Bathje, G.J., Rhea, J., & Fraguada Narloch, V. (2020). Ethical and Legal Issues in Psychedelic Harm Reduction and Integration Therapy. *Harm Reduction Journal.*

Legal and Ethical Risks for Clinicians

Levels of risk:

- Criminal
- Licensing boards
- Malpractice risk

First amendment protects rights of free speech of health professionals

- Conant v Walters (2002): doctors could discuss use of cannabis to patients as long as not directly involved in providing it
- No known action against any licensed practitioners for engaging in discussion about client's use of psychedelics (Bathje, Fraguada Narloch, & Rhea, 2018)

Practices that increase risk of legal prosecution or board complaints

Providing a physical space where illegal drugs are consumed. For example, suggesting a client take drugs that they have procured on their own and then come in and do therapy sessions with you.

Coordinating with underground guides. For example, agreeing with a guide that you will prepare clients for psychedelic sessions or agreeing to be a referral source for an underground guide.

Lack of training. Offering psychedelic integration without adequate training and consultation.

Steps to Mitigate Risks

No way to completely eliminate risk

Clear language on website and forms

- "I do not provide access to…"

Thorough screening procedures

Be clear about role

- e.g. not giving advice, not facilitating access to psychedelic substances

Careful documentation of services provided

Get training on harm reduction and psychedelics

Part 6: Next Steps

Self-Reflection: Is This Right For Me?

Why do I want to become a facilitator or do HR/Integration work?

Am I ready for what shows up?

- Intensity
- Spirituality
- Aliens, spirits, machine elves, and other entities (Davis et al., 2020)

Am I comfortable with long sittings?

Have I had my own experiences?

What role best suits my disposition, training, and talents?

- Preparation work
- Integration work
- Sitting/facilitating
- Education

Preparing to Facilitate

- Increase education
- Read trip reports (www.erowid.org)
- Networking with other professionals
  - Portland Psychedelic Society
  - Portland Integration Network
- Stay current with news and developments
  - Facebook groups, listservs
- Seek own experiences with altered states (Nielson & Guss, 2018)
- Harm reduction roles at clubs, festivals, etc.
  - Ex. Zendo Project
- Cultivate grounding practices
  - Mindfulness, yoga, etc.
  - Study: Psilocybin in group of experienced meditators demonstrated the benefit of a developed meditation practice (Smigielski et al. 2019)

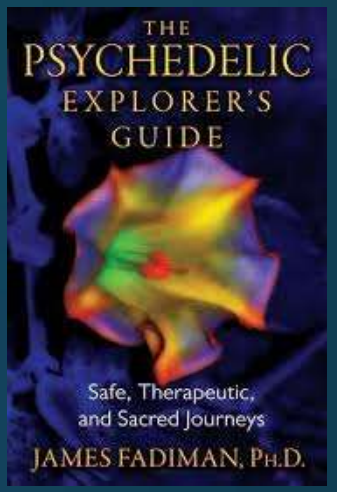
Oregon: Measure 109 and Psilocybin Treatment

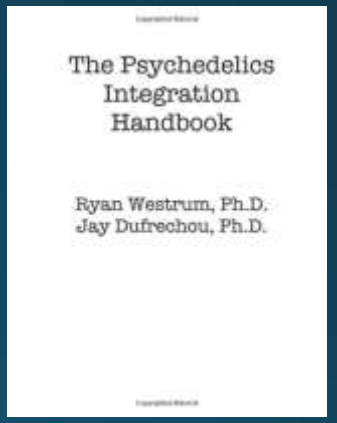
- Oregon Health Authority: Psilocybin Advisory Board
- Two-year process to develop program
- 3 licenses: facilitators, growers, clinics
- Designed to offset commercialization and increase access
- Sidestepping of the FDA process
- Available to public in 2023

Additional Training

- Fluence
- Polaris Insight Center
- Center for Optimal Living
- California Institute of Integral Studies
  - Certificate in Psychedelic-Assisted Therapies and Research
- MAPS
  - MDMA Training Program
- Salt City Psychedelic Therapy and Research (SCPTR)
- Integrative Psychiatry Institute
- Psychedelic conferences
  - PSS, Horizons
- Local psychedelic society
  - Portland Psychedelic Society

Resources





- Erowid.org
- Maps.org
- Drugscience.org.uk
- Dancesafe.org
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- The Psychedelics Explorer's Guide by James Fadiman,Ph.D.

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