

# Psychedelic-Assisted Psychotherapy

## Quick Reference Card

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A Clinical Session Guide for Trauma Therapists

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### Overview

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Psychedelic-assisted psychotherapy integrates psychedelic substances with psychotherapy for trauma processing and healing. This approach combines the neurobiological effects of psychedelics with skilled therapeutic support to facilitate profound healing experiences.

#### Key Principles:

- Medicine-enhanced trauma processing
  - Inner healing intelligence
  - Set and setting optimization
  - Integration as essential component
  - Non-directive therapeutic approach
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### Primary Substances

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#### MDMA (3,4-methylenedioxymethamphetamine)

- **Classification:** Empathogen-Entactogen
- **Duration:** 4-6 hours
- **Primary Application:** PTSD (FDA Breakthrough Therapy Designation)
- **Key Effects:** Reduced fear responses, increased empathy, enhanced emotional processing, oxytocin release

## Psilocybin

- **Classification:** Classic Psychedelic (Serotonin 2A Agonist)
- **Duration:** 4-8 hours
- **Primary Application:** Depression, anxiety, addiction
- **Key Effects:** Altered perception, mystical experiences, ego dissolution, enhanced neural connectivity

## Ketamine

- **Classification:** Dissociative Anesthetic
  - **Duration:** 45-90 minutes
  - **Primary Application:** Treatment-resistant depression, suicidal ideation
  - **Key Effects:** Rapid antidepressant effects, enhanced neuroplasticity, dissociative state
  - **Note:** FDA approved (esketamine nasal spray)
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# Mechanisms of Action

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## MDMA Mechanisms

| Mechanism                     | Description                                                   |
|-------------------------------|---------------------------------------------------------------|
| Serotonin & Dopamine Release  | Creates feelings of wellbeing, connection, emotional openness |
| Oxytocin Release              | Promotes trust, bonding, social connection                    |
| Reduced Amygdala Reactivity   | Allows approach to traumatic memories without overwhelm       |
| Reopened Critical Period      | May reopen social reward learning critical periods            |
| Enhanced Fear Extinction      | Facilitates brain’s natural fear extinction processes         |
| Memory Reconsolidation Window | Creates optimal conditions for updating traumatic memories    |

## Psilocybin Mechanisms

| Mechanism                       | Description                                             |
|---------------------------------|---------------------------------------------------------|
| Default Mode Network Disruption | Reduces self-referential thinking and rumination        |
| Increased Neural Connectivity   | Enables novel insights through hyperconnectivity        |
| Emotional Breakthrough          | Access to difficult emotions with reduced defensiveness |
| Neurogenesis Promotion          | May promote new neural connections via BDNF             |
| Mystical Experience             | Degree of mystical experience correlates with outcomes  |

## Ketamine Mechanisms

| Mechanism                   | Description                                                 |
|-----------------------------|-------------------------------------------------------------|
| NMDA Receptor Antagonism    | Disrupts habitual patterns, creates window for new learning |
| Rapid Antidepressant Effect | Effects within hours through glutamate modulation           |
| BDNF & Synaptogenesis       | Triggers BDNF release and new synaptic connections          |
| Dissociative State          | Provides distance from traumatic material                   |

## Treatment Model: Four Phases

### Phase 1: Screening & Assessment (1-2 sessions)

- Complete medical evaluation (cardiovascular assessment)
- Psychiatric assessment and diagnostic clarification
- Medication review and tapering plan (SSRIs, etc.)
- Trauma history and current symptom assessment
- Informed consent with detailed risk discussion
- Assessment of support system and post-session care

### Phase 2: Preparation Sessions (3 sessions, 90 min each)

- Establishing trust and safety with therapy team
- Setting intentions for the medicine session
- Psychoeducation about medicine and effects
- Discussing fears, expectations, previous experiences
- Building internal resources and coping strategies
- Practicing grounding and self-regulation techniques

### Phase 3: Medicine Session (6-8 hours)

- Optimal set and setting preparation

- Medicine administration and onset monitoring
- Inner-directed experience with minimal intervention
- Non-directive therapist support and presence
- Navigation of peak experience and difficult passages
- Coming down period and initial processing

## Phase 4: Integration Sessions (3 sessions after each medicine session)

- Processing and making sense of the experience
  - Connecting insights to presenting concerns and goals
  - Addressing difficult or unresolved material
  - Supporting behavioral and relational changes
  - Building on insights for lasting transformation
  - Preparing for next medicine session or completion
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## Set & Setting

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### Set (Mindset)

| Element                   | Description                                                   |
|---------------------------|---------------------------------------------------------------|
| Intentions                | Clear, personally meaningful intentions guide the experience  |
| Psychological Preparation | Understanding expectations, building coping strategies        |
| Therapeutic Alliance      | Strong, trusting relationship with therapists is foundational |
| Openness to Experience    | Willingness to approach whatever arises with curiosity        |
| Trust in the Process      | Confidence that medicine and container will support healing   |

## Setting (Environment)

| Element                 | Description                                                           |
|-------------------------|-----------------------------------------------------------------------|
| Comfortable Environment | Warm space with soft lighting and natural elements                    |
| Eyeshades and Music     | Eyeshades encourage internal focus; curated music supports processing |
| Minimal Stimulation     | Reduced external input allows deeper internal exploration             |
| Two Therapists Present  | Male-female dyad provides relational safety                           |
| Safety Protocols        | Medical monitoring, emergency procedures, clear communication         |

## Session Language Examples

### Preparation Phase

- **Setting intentions:** “What are your deepest hopes for this experience? What would healing look like for you?”
- **Addressing fears:** “What concerns or fears do you have about the medicine session? Let’s explore those together.”
- **Building trust:** “We’ll be with you throughout the entire experience. You won’t be alone with anything that comes up.”
- **Psychoeducation:** “The medicine may bring up difficult emotions or memories. This is often part of the healing process.”

### During Medicine Session

- **Grounding presence:** “You’re safe. We’re right here with you.”
- **Encouraging surrender:** “Whatever comes up, let it come. You don’t need to control it.”
- **Difficult moments:** “Stay with it. Breathe. This will pass.”

- **Supporting process:** “Trust your inner healing intelligence. Your psyche knows what it needs.”
- **Touch consent:** “Would it help to hold my hand right now?”
- **Minimal intervention:** “I’m here. Take all the time you need.”

## Integration Phase

- **Opening exploration:** “What felt most significant about your experience?”
  - **Making meaning:** “How does this connect to what you’ve been working on in therapy?”
  - **Connecting to life:** “What do you want to bring forward from this experience into your daily life?”
  - **Processing difficulty:** “Let’s spend some time with that difficult moment. What do you understand about it now?”
  - **Supporting change:** “What would it look like to live from this new understanding?”
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## Complex Trauma Considerations

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### Extended Preparation

- More sessions to establish therapeutic alliance
- Extensive work on grounding and self-regulation
- Assessment and strengthening of window of tolerance
- Careful attention to attachment patterns

### Dissociative Responses

- Pre-session assessment of dissociative tendencies
- Grounding protocols for dissociative episodes
- Therapist training in recognizing dissociation
- Slower titration and more frequent check-ins

# Attachment Material

- Two-therapist model provides relational safety
- Therapists trained in attachment-informed approaches
- Attention to transference and therapeutic relationship
- Extended integration for relational insights

# Integration with Other Modalities

- EMDR for processing specific traumatic memories
- Somatic Experiencing for nervous system regulation
- IFS for parts work during preparation and integration
- DBR for brainstem-level trauma responses

# Contraindications

## Medical Contraindications

| Condition                 | Detail                                                      |
|---------------------------|-------------------------------------------------------------|
| Cardiovascular conditions | MDMA increases HR/BP; contraindicated with heart disease    |
| Liver disease             | Impaired MDMA metabolism can lead to dangerous accumulation |
| Seizure disorders         | Psychedelics may lower seizure threshold                    |
| Pregnancy                 | Unknown effects on fetal development                        |
| Hyperthermia risk         | MDMA impairs temperature regulation                         |

## Psychiatric Contraindications

| Condition                            | Detail                                   |
|--------------------------------------|------------------------------------------|
| Personal/family history of psychosis | Risk of triggering psychotic episodes    |
| Bipolar I disorder                   | Risk of triggering manic episodes        |
| Active suicidality                   | Requires stabilization before treatment  |
| Current substance use disorder       | May complicate treatment and integration |
| Severe personality disorders         | May require extensive preparation        |

## Medication Interactions

| Medication  | Detail                                    |
|-------------|-------------------------------------------|
| SSRIs/SNRIs | Must taper before MDMA and psilocybin     |
| MAOIs       | Absolute contraindication                 |
| Lithium     | Increased seizure risk                    |
| Stimulants  | Additive cardiovascular effects with MDMA |
| Tramadol    | Serotonin syndrome risk                   |

## Research Evidence

### MDMA-Assisted Therapy for PTSD

- **Phase 3 Results:** 88% showed clinically significant improvement; 67% no longer met PTSD criteria (Mithoefer et al., 2021)
- **Effect Size:** Large effect sizes (Cohen's  $d > 0.9$ ) compared to placebo
- **Durability:** Treatment gains maintained at 12-month follow-up
- **FDA Status:** Breakthrough Therapy Designation; NDA under review

## Psilocybin Research

- **Treatment-Resistant Depression:** Significant and rapid reductions (Carhart-Harris et al., 2021)
- **Cancer-Related Anxiety:** Lasting reductions in anxiety and depression (Griffiths et al., 2016)
- **Addiction:** Promising results for alcohol and tobacco cessation
- **FDA Status:** Breakthrough Therapy Designation for treatment-resistant depression

## Legal Status (as of 2024)

| Jurisdiction            | Status                                            |
|-------------------------|---------------------------------------------------|
| United States (Federal) | Schedule I controlled substance                   |
| Oregon                  | Legal for supervised psilocybin use (Measure 109) |
| Colorado                | Legal for supervised use (Proposition 122)        |
| Australia               | Legal for medical use by authorized prescribers   |
| Canada                  | Available through Special Access Program          |

# Key Glossary Terms

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| Term                              | Definition                                                                          |
|-----------------------------------|-------------------------------------------------------------------------------------|
| <b>Set and Setting</b>            | Combination of mindset and environment that shapes the psychedelic experience       |
| <b>Integration</b>                | Process of making meaning of experiences and incorporating insights into daily life |
| <b>Inner Healing Intelligence</b> | Concept that the psyche has innate capacity for healing given right conditions      |
| <b>Ego Dissolution</b>            | Temporary loss of sense of self as separate from environment                        |
| <b>Default Mode Network</b>       | Brain network active during self-referential thinking; disrupted by psilocybin      |
| <b>Mystical Experience</b>        | Profound experience characterized by unity, transcendence, ineffability             |
| <b>Fear Extinction</b>            | Process by which conditioned fear responses are reduced through new learning        |
| <b>Memory Reconsolidation</b>     | Process where retrieved memories become labile and can be modified                  |
| <b>Neuroplasticity</b>            | Brain's ability to form new neural connections                                      |
| <b>Therapeutic Alliance</b>       | Collaborative relationship between therapist and client                             |

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## Key Resources

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### Research Organizations

- **MAPS** (Multidisciplinary Association for Psychedelic Studies) - [maps.org](https://maps.org)
- **Johns Hopkins Center for Psychedelic Research** - [hopkinspsychedelic.org](https://hopkinspsychedelic.org)
- **Imperial College Centre for Psychedelic Research** - [imperial.ac.uk](https://imperial.ac.uk)

## Training Programs

- MAPS MDMA Therapy Training Program
- California Institute of Integral Studies (CIIS)
- Fluence Training
- KRIYA Institute (Ketamine)
- Polaris Insight Center

## Key Publications

- Mitchell, J.M., et al. (2021). MDMA-assisted therapy for severe PTSD. *Nature Medicine*
- Carhart-Harris, R., et al. (2021). Trial of Psilocybin versus Escitalopram for Depression. *NEJM*
- Griffiths, R.R., et al. (2016). Psilocybin produces substantial decreases in depression and anxiety. *Journal of Psychopharmacology*

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*This quick reference card is for educational purposes only. Psychedelic-assisted therapy should only be conducted by trained professionals in appropriate legal and clinical settings.*

**Curated by Linda Curran, BCPC, LPC, CACD, CCPD**