Károli University, Institute of Psychology

## ERPB-BP\$2636 Psychedelic Psychotherapy

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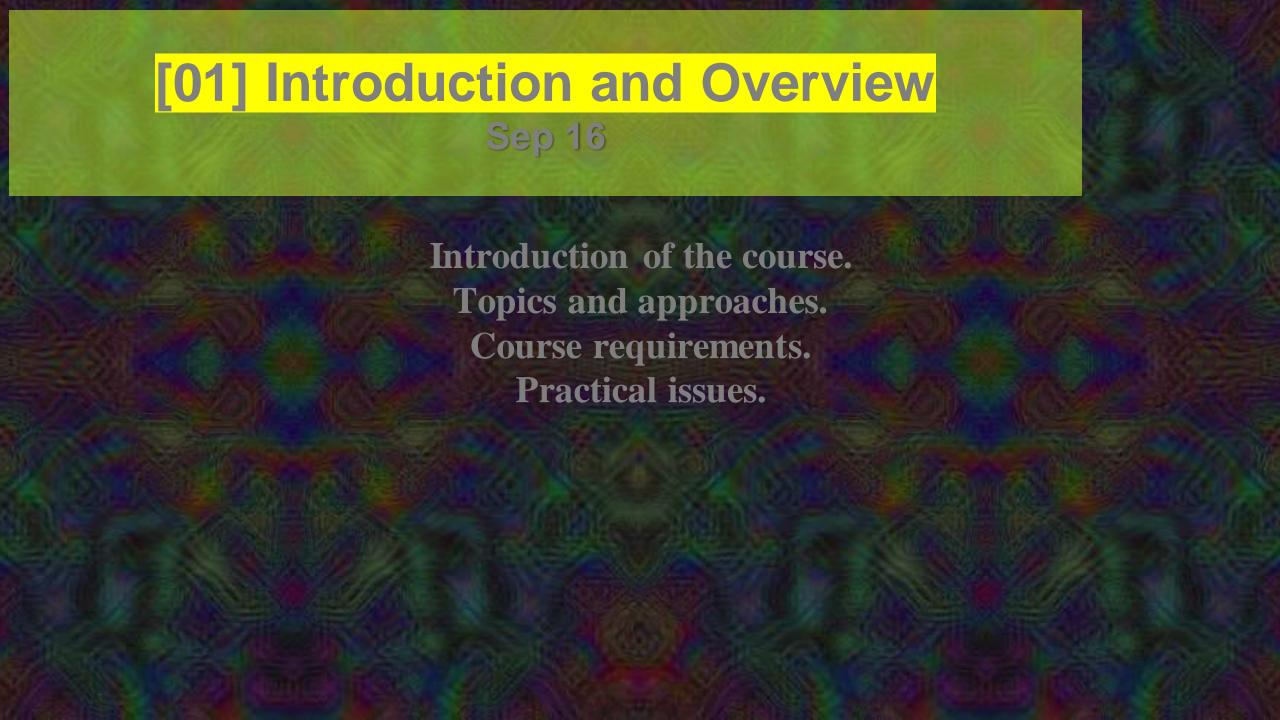


## Psychedelic Psychotherapy presentations (12 x 1.5 h)

[01] Sep 16	Introduction and Overview
[02] Sep 23	Altered State Assisted Therapies
[03] Sep 30	The Broader Context of Psychedelics
[04] Oct 07	Psychedelics: Substance Information
[05] Oct 14	Psychology of Psychedelic Experience
[06] Oct 21	Psychedelics: Research, Experiments, Healing
[07] Nov 11	Psychedelic-Assisted Psychotherapies: Theory
[07] Nov 11 [08] Nov 18	Psychedelic-Assisted Psychotherapies: Theory Psychedelic-Assisted Psychotherapies: Practice I
[08] Nov 18	Psychedelic-Assisted Psychotherapies: Practice I
[08] Nov 18 [09] Nov 25	Psychedelic-Assisted Psychotherapies: Practice I Psychedelic-Assisted Psychotherapies: Practice II
[08] Nov 18 [09] Nov 25 [10] Dec 02	Psychedelic-Assisted Psychotherapies: Practice I Psychedelic-Assisted Psychotherapies: Practice II Psychedelic-Assisted Psychotherapies: Practice III

### **Course Topics**

- altered states of consciousness; psychedelics
- transpersonal psychology; trauma processing and regression
- psychedelic research, experiments and healing
- psychometric measuring; addictions and dependence; assisted psychotherapies; ethics
- psychedelic and psycholytic therapies; therapist training; therapy protocols
- MDMA, psilocybin, ketamine, LSD, ibogaine, ayahuasca
- psychedelic experience integration



## [02] Altered State Assisted Therapies Sep 23

Altered states of consciousness (ASC): definitions and phenomena.

Spontaneous, pathological and induced states.

Physiological, pharmacological and psychological inductions.

Altering subsystems of consciousness.

Therapeutic applications of ASC.

## [03] The Broader Context of Psychedelics Sep 30

Hallucinations: definitions and phenomena.
Hallucinogens: dissociative, deliriant, psychedelic.
Other related substances.
Purposes of substance use.
The drug instrumentalisation hypothesis.
Psychonaut subculture.
Biohacking.

## [04] Psychedelics: Substance Information Oct 07

History, physiology, psychology and phenomenology of psychedelics and related substances:

ayahuasca cannabis DMT ibogaine ketamine LSD

MDMA
muscimol
psilocybin
salvinorin A
LSA
mescaline

# [05] Psychology of Psychedelic Experience Oct 14

Psychoeducation. Theories and models. Set and setting. Intention and integration. Deconditioning agents. Transpersonality and spirituality. Entheogens. Trauma processing and regression. Stanislav Grof and the perinatal matrix. Metaphysical considerations.

# [06] Psychedelics: Research, Experiments, Healing Oct 21

The dawn, golden age, pause and renaissance of psychedelic research.

Early results.

Current research directions.

Psychometric measuring instruments.

Treatments of addictions and dependence.

Hospice use: end-life anxiety.

# [07] Psychedelic Assisted Psychotherapies: Theory Nov 11

Ethical principles.

Psychedelic and psycholytic therapies.

Lay and underground therapies.

Therapist training process.

Therapy protocols: MAPS, Johns Hopkins, Kenézy hospital.

#### **Ethical principles**

- ...as usually in the work of psychologist/psychotherapist
- + special situation due to the client's altered state of consciousness
- sensitive, 'reprogrammable' state, (neuro)plasticity
- like hypnosis: suggestibility, susceptibility, receptivity
- access to traumatic memories may re-traumatise
- possibility to abuses (both directions!)
- protocol: more than one therapist, same sex + opposite sex
- audio recording (anonymity / data protection!)
- clientwork: based on protocol, reflections, development, supervision

## Psychedelic and psycholytic therapies

- psychedelic: bigger dose e.g. alcoholism (USA)
- psycholytic: small/medium dose psychotherapy (Europe)
- optimal intensity, duration, accessibility
- Switzerland: president of psycholytic association special permit whatever-with-whatever
- (Dr Peter Gasser)

### Lay and underground therapies

- non-medicalised models as alternatives
- e.g. ceremonies, retreats (ayahusca, ibogaine)
- lay therapist: takes substance with client (main therapist 'sober')
- black or gray zone, uncontrollability
- continuum:
  - psychedelic psychotherapy (drug provided on-site)
  - client arrives in an ASC to therapy session
  - visiting the client who calls (already took the drug)
  - being a 'sitter' at the client's home or retreat (starting before intake)
- lower protection for the client no professional control hierarchy
- unlicensed practice -> quackery/charlatanry (+ tax evasion)
- to increase informedness is both needed and useful!

#### Therapist's personal experience...?

- increasing empathy, knowing a state of consciousness
- dynamics of the drug's effects
- quasi-obligatory professional requirement in the 'golden age'!
- observation of others' experiences ('contact high' / transference)
- increases client's trust e.g. in drug-naïve subjects(?)
- (will be) part of MAPS therapist training!

#### Indications

- Clinical (after other treatments):
  - depression: ketamine, psilocybin
  - PTSD: MDMA
  - addictions: ibogaine, psilocybin
  - •
- Psychotherapy:
  - end-life anxiety: psilocybin, LSD
  - traumas: MDMA, LSD
  - relationship and family therapy: MDMA
  - •

#### The therapeutic process

- ongoing therapeutic relationship/agreement (nexus, trust, paperwork)
- pre-screening, medical examination, exclusion, contraindications
- informing, education, written consent of agreement
- problem -> drug (and not vice versa!); non-drug alternatives
- secure setting (e.g. therapy clinic) safety protocol
- secure set: 'optimal'/'ideal' timing, motivation, state
- securing drug: legal source, purity, dosing (per kg, metabolism)
- 'allergy test' / 'adaptation dose' ?
- emergencies: sedation, restricting, on-site treament, external help
- (therapy methods "best practice")

#### The mental process

- onset (oral: cca. 15-45 min) change, uncertainty, bodily feelings
- safe environment and accepting persons
- acknowledging and accepting the ASC
- approaching the therapeutic theme
- self-reflection, external point-of-view, understanding others differently
- deconditioning, stopping usual repetitions
- redirecting associations, new alternatives
- increasing self-valuations, acceptance, forgiveness
- mystical/unity experience
- returning, ending, 'grounding'
- reflections, talk-through, integration, change of attitude/behaviour

### Therapist training

- Ongoing e.g.: CIIS, MAPS, MIND/OVID, IPI, Alef Trust
  - CIIS (USA): 150 hours / spring to autumn, live/online/hybrid cohort, \$9300
  - MAPS (USA): a few months, \$5000
  - MIND (DE): 2 years (integration, 'augmentation'), €15000
  - IPI Integrative Psychiatry Institute (USA): 150 hours / 10 months, \$7000
  - Alef Trust (UK): 12 months, £3000
- 100-150 hours, ~ <1 2 years
- (accredited) certificate, CE/CME credits
- Hungary: planning!

## Requirements for starting therapist training

- psychotherapist (HU: higher degree of education!)
- MD, clinical psychologist (w/o psychotherapy training)
- relationship/couples therapist, coach, alternative therapist (min. BA/BSc)
- pastor, (psychiatric)nurse, social worker, addictologist, PhD, PsyD
- abroad: special (ethnicity, LGBTQIA+, physical disabilities etc.)
- discount, quota etc.

### Therapist training process

- mainly online ("live")
- e.g. clinical researchers, therapists, psychedelic celebrities
- "pre-assembled" materials
- lectures, roundtables
- bigger group seminars
- smaller group sessions
- community fora
- teaching assistants
- optional ketamine! :D
- supervision
- + recertification

### Therapist training in Hungary

- Psychedelic psychotherapist
  - Method-specific phase of accredited psychotherapist training
- Psychedelic therapist
  - MA+ professional (clinical psychologist etc.)
- Psychedelic co-therapist
  - Member of the team possibly different/relevant background and/or BA/BSc
- Psychedelic experience integrator
  - e.g. coach
  - personal + "integration circles"

# Psychedelic therapies in Hungary

- within the healthcare system
- agreement on requirements with Ministry (personnel, venue)
- MD with prescription license
- medication importing license
- drug control laws! (can result in fines!)
- transport, storage, access, logging etc.
- psychedelic clinic model: licensee + co-workers/assistants
- ketamine -> MDMA -> psilocybin -> ...

need to establish: therapy association + company (clinic)

### Therapy protocols: MAPS

#### **MDMA**

- clinical phase, possible to volunteer!
- 'Orphan Drug', 'Breakthrough Therapy', 'Special Protocol Assessment'
- USA (Phase 3), Canada, Izrael, UK, EU (Phase 2)
- indication: severe PTSD (veterans, victims of sexual violence)
- (+ autism, end-life anxiety, eating disorders)
- placebo-controlled, double-blind, randomised, 'cross-over' experiment

#### Therapy protocols: Johns Hopkins

#### **PSILOCYBIN**

- (Johns Hopkins University, School of Medicine, Baltimore, MD, USA)
- indication: smoking (nicotine) cessation
- weekly sessions for 3 months
- cognitive-behavioural therapy (CBT)
- surveys, interviews, MRI
- RCT: psilocybin or nicotine
- 2 occasions psilocybin-assisted
- (possible to switch from placebo to psilocybin after 3 months!)
- follow-up at: 3, 6, 12 months

### Therapy protocols: Kenézy hospital

#### **KETAMINE**

- Debrecen, department of innovative psychiatric rehabilitation
- since 2015
- decreased depression symptoms already 4 hours after infusion
- but symptoms return after 7–10 days
- -> infusion treatment, "impulse therapy" (4-6 infusions / 2-3 weeks)
- diminished suicidal tendencies
- full healing in 7 out of 8 patients! (\*until 2017)
- paid by healthcare



#### Next lecture:

[08] Psychedelic-Assisted Psychotherapies: Practice I MDMA

**Nov 18** Thursday 10:45