ELTE, Institute of Psychology

PPK-PSY:64 Psychedelic Psychotherapies

autumn semester 2024



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Psychedelic Psychotherapies presentations & seminar (6 x 3 h)

[01] Sep 20	[01.1] Course Introduction and Overview [01.2] Altered State Assisted Therapies
	[01.3] The Broader Context of Psychedelics
[02] Oct 4	[02.1] Psychedelics: Substance Information
	[02.2] Psychology of Psychedelic Experience
	[02.3] Psychedelics: Research, Experiments, Healing
[03] Oct 18	[03.1] Psychedelic-Assisted Psychotherapies: Theory
	[03.2] Psychedelic-Assisted Psychotherapies: Practice
[04] Nov 8	[04] Psychedelic Experience Integration
[05] Nov 22	[05] INTERACTIVE! practices and other surprises :D
[06] Dec 6	[06] Summary and Outlook



[01.2] Altered State Assisted Therapies

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.

[01.3] The Broader Context of Psychedelics

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

[02.1] Psychedelics: Substance Information

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

MDMA
psilocybin
ketamine
LSD
ibogaine
ayahuasca

[02.2] Psychology of Psychedelic Experience

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.

[02.3] Psychedelics: Research, Experiments, Healing

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.

Topics of presentations

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[01.1] Course Introduction and Overview
 [01.2] Altered State Assisted Therapies
   [01.3] The Broader Context of Psychedelics
     [02.1] Psychedelics: Substance Information
        [02.2] Psychology of Psychedelic Experience
          [02.3] Psychedelics: Research, Experiments, Healing
             [03.1] Psychedelic Assisted Psychotherapies: Theory
               [03.2] Psychedelic Assisted Psychotherapies: Practice
                   4] Psychedelic Experience Integration
                    ([05] INTERACTIVE])
                      [06] Summary and Outlook
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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



[03.1] Psychedelic Assisted Psychotherapies: Theory

Ethical principles.
Psychedelic and psycholytic therapies.
Lay and underground therapies.
Therapist training process.
Therapy protocols: MAPS, Johns Hopkins, Kenézy hospital.

Roles of a therapist

- preparing clients to independent substance use
- "trip sitting" (passive)
- "trip guiding" (active)
- therapy sessions, before and after substance use
- presence at administered substance intake in clinical setting
- personal experience integration
- leading group integration circles
- psycare (acute crisis intervention)
- case studies, scientific publications, public education etc.

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 treatment, 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

- in the clinical phase, it was possible to volunteer
- 'Orphan Drug', 'Breakthrough Therapy', 'Special Protocol Assessment'
- placebo-controlled, double-blind, randomised, 'cross-over' experiment
- Phase 3, MAPP1&MAPP2, 15 locations: USA, Canada, Israel
- Sessions: Preparatory, Experimental, Integrative
- indication: severe PTSD (veterans, victims of sexual violence)
- PTSD treatment success: placebo 32%, MDMA: 67%
- (+ autism, end-life anxiety, eating disorders)
- 2024: FDA did not accept Lycos' (ex MAPS PBC) application :(

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

[03.1] Psychedelic Assisted Psychotherapies: Theory Summary

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[03.2] Psychedelic Assisted Psychotherapies: Practice I

MDMA















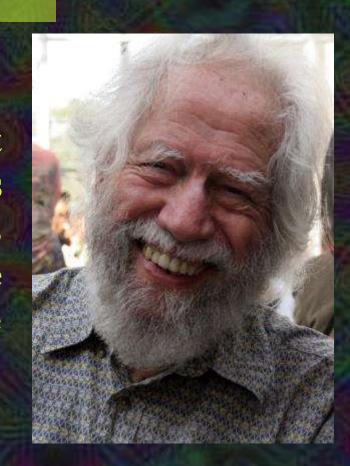
MDMA timeline

- 1912: synthesis and patent (Merck) @ DE
- 1965: resynthesis (Alexander 'Sasha' Shulgin) @ USA
- 1976: Leo Zeff psychotherapy application (psychologist, lay)
- 1978: 1st publication on subjective effects (Shulgin & Nichols)
- 1980- psychedelic therapies (20 kg MDMA!)
- 1985: banning of MDMA (USA: Schedule I)
- 1986: establishing MAPS
- 2011: publication: PTSD experiment results
- 2017: FDA approval ('Breakthrough Therapy' + Phase 3)
- 2018: publication: social phobia in adult autists (ASD)
- 2024: FDA rejection: (needs more info on efficacy & safety

MDMA

Alexander Shulgin lab notes, September 1976

"I feel absolutely clean inside, and there is nothing but pure euphoria. I have never felt so great or believed this to be possible. The cleanliness, clarity, and marvelous feeling of solid inner strength continued throughout the rest of the day and evening. I am overcome by the profundity of the experience..."



Substances x Properties

	MDMA	psilocybin	ketamine	LSD	ibogaine	ayahuasca
Duration	<mark>4-6 h</mark>	4-6 h	few hours	8-12 h	days!	4-6 h
Bodily discomfort	on the contrary ©	-	(no body)	-	yes	yes
Addiction potential	yes (euphoria)	-	possibly	-	does not want to repeat	-
Weak condition risks	possible (cardiovasc.)	-	-	-	possible (vomiting)	possible (vomiting)
Talk therapy under influence	+	-	•••	-	•••	-

Substances x Indications

	MDMA	psilocybin	ketamine	LSD	ibogaine	ayahuasca
Post-traumatic stress disorder						
Major depressive disorder			9 98			
Alcohol dependence			9 96	0.0		
Tobacco addiction						
Substance use disorders						
End-of-life anxiety				1043		

[03.2] Psychedelic Assisted Psychotherapies: Practice II



Psilocybin Ketamine





Substances x Properties

	MDMA	psilocybin	ketamine	LSD	ibogaine	ayahuasca
Duration	4-6 h	4-6 h	few hours	8-12 h	days!	4-6 h
Bodily discomfort	on the contrary ©	-	(no body)	-	yes	yes
Addiction potential	yes (euphoria)	-	possibly	-	does not want to repeat	-
Weak condition risks	possible (cardiovasc.)	-	-	-	possible (vomiting)	possible (vomiting)
Talk therapy under influence	+	-	•••	-	•••	-

Substances x Indications

	MDMA	psilocybin	ketamine	LSD	ibogaine	ayahuasca
Post-traumatic stress disorder						
Major depressive disorder						
Alcohol dependence				9.0		
Tobacco addiction						
Substance use disorders						
End-of-life anxiety				1043		

[!] Substances x Properties

	MDMA	psilocybin	ketamine	LSD	ibogaine	ayahuasca
Duration	4-6 h	4-6 h	few hours	8-12 h	days!	4-6 h
Bodily discomfort	on the contrary ©	-	(no body)	-	yes	yes
Addiction potential	yes (euphoria)	-	possibly	-	does not want to repeat	-
Weak condition risks	possible (cardiovasc.)	-	-	-	possible (vomiting)	possible (vomiting)
Talk therapy under influence	+	-		-	•••	-

[!] Substances x Indications

	MDMA	psilocybin	ketamine	LSD	ibogaine	ayahuasca
Post-traumatic stress disorder						
Major depressive disorder						
Alcohol dependence				010		
Tobacco addiction						
Substance use disorders						
End-of-life anxiety				010		

[03.2] Psychedelic Assisted Psychotherapies: Practice III



LSD Ibogaine Ayahuasca













Substances x Properties

	MDMA	psilocybin	ketamine	LSD	ibogaine	ayahuasca
Duration	4-6 h	4-6 h	few hours	8-12 h	days!	4-6 h
Bodily discomfort	on the contrary ©	-	(no body)	-	yes	yes
Addiction potential	yes (euphoria)	-	possibly	-	does not want to repeat	-
Weak condition risks	possible (cardiovasc.)	-	-	-	possible (vomiting)	possible (vomiting)
Talk therapy under influence	+	-	•••	-	•••	-

[!] Substances x Indications

	MDMA	psilocybin	ketamine	LSD	ibogaine	ayahuasca
Post-traumatic stress disorder						
Major depressive disorder						
Alcohol dependence				(#A)*		
Tobacco addiction						
Substance use disorders						
End-of-life anxiety				70-13		

[!] Substances x Properties

	MDMA	psilocybin	ketamine	LSD	ibogaine	ayahuasca
Duration	4-6 h	4-6 h	few hours	8-12 h	days!	4-6 h
Bodily discomfort	on the contrary ©	-	(no body)	-	<mark>yes</mark>	yes
Addiction potential	yes (euphoria)	-	possibly	-	does not want to repeat	-
Weak condition risks	possible (cardiovasc.)	-	-	-	possible (vomiting)	possible (vomiting)
Talk therapy under influence	+	-	•••	-		-

Substances x Indications

	MDMA	psilocybin	ketamine	LSD	ibogaine	ayahuasca
Post-traumatic stress disorder						
Major depressive disorder						
Alcohol dependence				000		
Tobacco addiction						
Substance use disorders						
End-of-life anxiety				(****) (*******************************		

[!] Substances x Properties

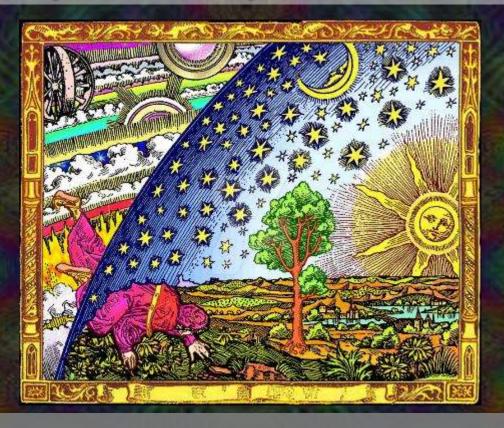
	MDMA	psilocybin	ketamine	LSD	ibogaine	ayahuasca
Duration	4-6 h	4-6 h	few hours	8-12 h	days!	<mark>4-6 h</mark>
Bodily discomfort	on the contrary ©	-	(no body)	-	yes	<mark>yes</mark>
Addiction potential	yes (euphoria)	-	possibly	-	does not want to repeat	-
Weak condition risks	possible (cardiovasc.)	-	-	-	possible (vomiting)	possible (vomiting)
Talk therapy under influence	+	-	•••	-	•••	<u>-</u>

Substances x Indications

	MDMA	psilocybin	ketamine	LSD	ibogaine	ayahuasca
Post-traumatic stress disorder						
Major depressive disorder						
Alcohol dependence				1043		
Tobacco addiction						
Substance use disorders						The state of the s
End-of-life anxiety				60° 1003		



Thank you for your attention!



Next lecture:

[04] Psychedelic Experience Integration

Nov 8 Friday 14:15