

Ten Reasons Psychotherapists Should Learn About Psychedelics

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After a long hiatus, research in the field of psychedelic-assisted psychotherapy is picking up speed again and new developments indicate the immense potential for a revolution in mental health care. The implications are enormous, but given that psychedelic-assisted therapy only takes place in relatively small research projects or underground settings at this time, the vast majority of therapists are presently excluded and may not be aware of what roles they can take now. As therapists, researchers, and continuing education providers in the field, we present ten reasons why therapists should pursue education about this topic and ways this involvement can start now.

1. Psychedelics are poised to be the next wave of empirically-supported treatments for addiction, trauma, and depression. The FDA granted breakthrough status to MDMA for PTSD and psilocybin for treatment-resistant depression. The FDA breakthrough status is granted to medicines that meet two criteria: (1) Intended to treat a serious condition; and (2) Preliminary evidence indicates potential substantial improvement over available therapy.¹ Breakthrough status is reserved for cases in which there is evidence for potential substantial improvement over available therapy and/or for treatment of people who have received and not responded to other interventions. For example, in Phase 2 clinical trials with 105 participants who reported chronic, treatment-resistant PTSD (average duration of almost 18 years), over half no longer qualified for PTSD two months after MDMA-assisted psychotherapy.² Moreover, the average dropout rate for the MDMA-assisted therapy trials was 7.6% percent², whereas a meta-analysis of studies of other interventions for PTSD found an average drop out rate of 18%.³ Clinicians should be paying close attention to these developments, as they signal the arrival and potential widespread use of psychedelic medicines in mental health treatment.

2. Clients and the general public have questions about psychedelics and mental health. Misconceptions, myths, and general questions abound. Mental health care providers should be able to provide accurate, clear information, establishing ourselves as authorities and experts on the topic. Common areas of misconceptions include inaccurate or exaggerated risks for harm associated with psychedelics: population health studies have actually found that psychedelics are associated with less harm than most other types of drugs including alcohol and smoking.⁴ Moreover, a review of the abuse potential of medical psilocybin, according to the eight factors of the Controlled Substances Act, found that animal and human studies indicate low abuse and no physical dependence potential and national surveys reflect low rates of abuse, treatment-seeking, and harm.⁵ It is equally important to know the evidence for real risks, which are generally well-controlled in research protocols and inform harm reduction recommendations.

3. Some people choose to engage in psychedelic use on their own or with the company of an underground guide with the intention of healing mental or emotional suffering. Mental health care providers should know how to discuss such experiences in a clear and balanced way, review potential risks and benefits, and incorporate them into therapy. A harm reduction approach emphasizes practical strategies for reducing the negative consequences associated with drug use or

other risky behaviors.⁶ Just as one would carefully research before participating in a risky activity like skydiving, a similar emphasis is placed on knowing the risks, ensuring the benefits outweigh the risks, and choosing the safest and most reliable settings. These considerations include but are not limited to: screening for contraindicated physical and mental conditions and drug interactions, ensuring trust in the facilitators, setting, process, and substance, and confirming psychological and medical support available before, during, and immediately after the psychedelic experience, and being aware of any delayed effects that may arise.⁷

4. Some people engage in the use of psychedelics in shamanic or spiritual practices, and should have access to a therapist who can recognize and affirm the use of psychedelics in spiritual development. Spiritual use of psychedelics is consistent with research studies that have found that psychedelics can occasion mystical experiences and that people often rate psychedelic experiences as one of their top five most spiritually significant experiences.⁸ In addition, the use of psychedelics for spiritual goals is also consistent with the indigenous use of psychedelics for at least 5,000 years,⁹ typically for the purpose of accessing the spirit world and healing. Similar to other spiritual practices, the ultimate goal of the psychedelic experience is “not altered states, but altered traits.”¹⁰ A therapist that understands the nature of these experiences can support the integration of psychedelic experience into more full and whole expressions of living and connecting with oneself, others, and the world.

5. Some people who engage in psychedelic use may experience lingering psychological difficulties and require the presence of a mental health professional for further assessment and support. Mental health care providers should know the basics of assessment, red flags, and methods for alleviating excess anxiety, distress, and stigma around such experiences. Similar to requesting a therapist that specializes in family therapy when seeking support for a family issue, it makes sense to seek a therapist who has additional training in and experience with psychedelic-related issues. Also, if traumatic memories are uncovered, as has been known to occur, therapeutic support can be especially valuable in assimilating those memories in healthy ways. Therapist competencies include empathetic abiding presence; trust enhancement; spiritual intelligence; knowledge of the physical and psychological effects of psychedelics; therapist self-awareness and ethical integrity; and proficiency in complementary techniques.¹¹ Programs such as those offered by Fluence, the California Institute of Integral Studies, and Psychedelics Today provide basic training for clinicians in these topics.

6. There is a small but growing number of people who have been clinical trial participants and require a therapist who is educated about the psychedelic-assisted treatment and process. Mental health care providers should be equipped to incorporate short-term clinical trial experiences into longer-term treatment and support the ongoing application of their experiences throughout the lifespan. Research trials include support for initial integration of experiences into a person’s life, but the process of understanding the significance of experiences can extend well beyond the length of the clinical trial. Clinical trial participants often request referrals to therapists that are trained in or familiar with the treatment they have just received.¹² Such a therapist, who understands the psychedelic-assisted therapy processes and dynamics, can help support the integration process in psychotherapy.

7. Demonstrating knowledge about psychedelics and willingness to have a balanced discussion about their potential risks and benefits reduces stigma and associated harms.¹³

By discussing psychedelics in the therapist's office, we validate the relevance and importance of these meaningful experiences in a way that feels aligned with our clients' experiences. Also, this type of respectful and caring engagement sets the stage for productive discussions about harm reduction in a way that the client can own his or her informed decision. The harm reduction approach can focus on the role of "drug, set, and setting" factors that impact the drug experience and can emphasize accurate information about risks and ways to minimize risks.¹⁴

8. Therapists may be asked about their own psychedelic use and should engage in thoughtful preparation for responding to this question.

A thorough understanding of the role of transference in psychedelic-assisted therapy, both to the therapist and to the psychedelic medicine itself, is highly recommended before engaging this discussion.¹⁵ For example, partly because of the amplifying nature of psychedelics, the client can rapidly form overly positive projections onto the therapist and fearful expectations about experiences with psychedelic drugs.¹⁶ One of the likely ultimate concerns behind questions about a therapist's own psychedelic use is if the therapist has sufficient knowledge and experience to understand and support the client. The therapist can talk generally about experiences with altered states of consciousness and reassure the client that they have had adequate experience supporting others through these experiences.

9. There are individuals who are not candidates for psychedelic-assisted therapy and should have access to a therapist who can discuss other ways of accessing alternative states of consciousness (ASCs) and applying them in the service of healing.

Fortunately, there are a wide variety of non-drug methods including meditative and yogic practices, holotropic breathwork, sensory deprivation, fasting, hypnosis, relaxation, and rhythm-induced trances.¹⁷ Non-psychedelic approaches can also be helpful when a person wants to experiment with non-ordinary states of consciousness without taking a drug or as an intermediate safer way to experience ASCs. Knowledge of non-drug methods is essential in helping clients keep options open for when psychedelic experiences either aren't possible or don't meet expectations.

10. You may want to get involved in the field yourself. In just a few short years, psychedelic-assisted therapy is emerging as a uniquely promising form of treatment, which can lead to more viable career paths for present and future mental health professionals. It is also important to note that though the future looks promising, this is an emergent field that currently has limited opportunities to provide psychedelic-assisted therapy in research trials. The expectation is that the field will continue to expand as the research progresses and the time for education and training in the basics of psychedelic-assisted therapy, including the provision of harm reduction and integration in clinical settings, is now. One can begin by reviewing the scientific literature, attending conferences, and watching presentations and listening to podcasts. For a more hands-on experience, one can also volunteer to offer psychedelic harm reduction services with one of several organizations that provide this support at festivals. There are also a number of local psychedelic groups and societies that can provide opportunities to discuss topics and find out about local initiatives. Buller¹⁸ provides a summary with a wider range of activities and more details about each type of activity.

References

1. Breakthrough Therapy. (2018, April 01). Retrieved from <https://www.fda.gov/patients/fast-track-breakthrough-therapy-accelerated-approval-priority-review/breakthrough-therapy>
2. Mithoefer, M. C., Feduccia, A. A., Jerome, L., Mithoefer, A., Wagner, M., Walsh, Z., Hamilton, S., Yazar-Klosinski, B., Emerson, A., and Doblin, R. (2019). MDMA-assisted psychotherapy for treatment of PTSD: study design and rationale for phase 3 trials based on pooled analysis of six phase 2 randomized controlled trials. *Psychopharmacology*, 236(9), 2735-2745.
3. Imel, Z. E., Laska, K., Jakupcak, M., & Simpson, T. L. (2013). Meta-analysis of dropout in treatments for posttraumatic stress disorder, 81(3), 394-404.