

PSYCHEDELIC- ASSISTED THERAPY 101



WHAT ARE PSYCHEDELICS?

Psyche = mind; Delos = manifest → to “manifest the mind” Psychedelic substances cause a temporary and dose-dependent shift in perception and cognition, revealing or “manifesting” qualities of mind that are typically not accessible during ordinary consciousness.

WHAT IS PSYCHEDELIC-ASSISTED THERAPY (PAT)?

PAT is a combination treatment, wherein a psychedelic substance is used within a specific therapeutic protocol with a specially trained therapist and interdisciplinary team. PAT is a biopsychosocial intervention aimed at symptom resolution with very few drug-assisted sessions, as opposed to symptom suppression with ongoing pharmacotherapy as per the current paradigm of biological psychiatry. The PAT process involves four stages: medical and psychological screening, preparation sessions, medicine-assisted (dosing) sessions, and integration sessions.

Each stage is essential to maximize benefits and minimize risk:

- Contraindications may include certain cardiovascular or neurological conditions, psychosis, severe affective dysregulation, or unstable living conditions.
- Preparation involves reviewing the client’s history, setting therapeutic goal(s), building therapeutic trust, providing information about dosing sessions, and establishing an optimized mindset with increased openness, decreased fear, and a clear intention.
- During dosing sessions, a client is supported by their therapist(s) while they undergo the effects of the psychedelic within a curated environment, typically with music. Classic psychedelics tend to be more introspective, whereas empathogens are more relational.
- Integration involves processing incomplete emotions or trauma that are surfaced, reflecting upon and making meaning from the experience, and anchoring and translating new awarenesses and insights into concrete practices and behaviours.

CATEGORIES OF PSYCHEDELICS

CLASSICAL

(LSD, DMT, psilocybin)

ENTACTOGENS / EMPATHOGENS

(MDMA, MDA, 3MMC, 2CB)

DISSOCIATIVE

(Ketamine, PCP, DXM)

ATYPICAL

(Ibogaine, salvia, cannabis)



WHAT KIND OF THERAPY IS USED?

There may be advantages of third wave behavioural approaches that emphasize mindfulness and psychological flexibility for PAT, as these are likely relevant transdiagnostic mental health factors that are supported through psychedelic effects.¹ More research is needed. In MDMA-assisted therapy, the “inner directed” approach emphasizes prioritizing and supporting the client’s unfolding experience without directing it. It is generally agreed that refraining from directing or offering interpretations is favourable during dosing sessions.

THE IMPORTANCE OF CONTEXT (“SET” AND “SETTING”) IN PAT

‘Set’ and ‘setting’ refer to the mindset of the participant, and the immediate and sociocultural environmental context of therapy. These are crucial considerations in PAT, as they can profoundly impact the individual’s experience and therapeutic outcomes.

WHAT ARE SOME RISKS OF PAT?

Most risks can be mitigated by proper screening, preparation, professional guidance, and adherence to safety protocols in a supportive clinical setting. Risks include acute adverse reactions during effects of the substance (e.g. nausea, headaches, anxiety). Acute psychologically challenging experiences are frequently considered therapeutically beneficial in qualitative research. Late adverse events are rare, and may include worsening of psychiatric conditions or suicidal ideation.²

HOW DOES PAT WORK?

While each psychedelic has specific effects, in general, when combined with therapy and optimal conditions, PAT has been found to enhance introspection, emotional processing, and promote neuroplasticity in the brain. PAT can interrupt habituated negative thinking patterns, induce mystical-type experiences,

and foster a sense of connectedness, which may lead to long-term positive changes in attitudes, behaviors, and well-being.

WHAT IS THE CURRENT EVIDENCE FOR PAT?

The strongest evidence to date supports MDMA-assisted therapy for treating post-traumatic stress disorder,^{3,4,5} and psilocybin-assisted therapy for treatment-resistant depression⁶ and end-of-life anxiety.^{7,8} A growing number of clinical trials suggest PAT may be safe and beneficial for a number of other difficult to treat mental health conditions.^{9,10}

SAFETY

ARE PSYCHEDELICS DANGEROUS?

At very high doses, most psychedelics (psilocybin, LSD, DMT, cannabis) are unlikely to cause fatal toxicity (with the exception of amphetamine-like empathogens). However, psychedelics could lead to risk or harm if taken in an inappropriate or unsafe setting, without supervision, given their powerful and often disorienting psychoactive effects.

ARE PSYCHEDELICS ADDICTIVE?

Classical psychedelics are not known to cause psychological or physical dependence and addiction. Empathogens may lead to craving and withdrawal with frequent use. Dissociatives like ketamine may lead to psychological dependence.

ETHICAL CONSIDERATIONS

Psychedelics are known to enhance suggestibility.^{11,12} A person may make significant changes to their beliefs, ideas and behaviours following PAT. All of the information provided to a client before, during and after the dosing sessions can have a significant impact on their experience and meaning-making. It is essential



for all professionals to provide accurate, culturally safe and appropriate information and refrain from imposing on a person's freedom of consciousness. Many individuals seeking PAT have been failed by conventional treatments and may have desperate and unrealistic expectations about the promise of PAT. PAT providers must address such expectations, while supporting cautious optimism with existing evidence.

JEDI CONSIDERATIONS

As in most areas of medicine and scientific research, disparities exist regarding inclusion in scientific research and access to PAT for Black, Indigenous and People of Colour (BIPOC),¹³ as well as for gender and sexual minorities. In fact, historically it was once thought psychedelics might assist conversion therapy for homosexual-identifying people,¹⁴ while BIPOC people have been disproportionately targeted and incarcerated for illicit drug-associated actions; both of these historical facts speak to unique psycho-emotional risks in seeking PAT care, and the need for culturally safe and gender affirming approaches in PAT.



HOW DOES PAT COMPARE TO TRADITIONAL INDIGENOUS PRACTICES WITH PSYCHEDELIC PLANT MEDICINES?

Psychedelic plant medicines have been used by Indigenous Peoples around the world for millennia, for healing, divination, and fostering connections between humans, nature, and spirit. Cultural Safety and Humility is essential to avoid Indigenous cultural appropriation, or imposition of neo-shamanic or new-age ideologies in PAT.

SIMILARITIES

- In PAT, effort is made to optimize the client's mindset and therapeutic environment; In Indigenous practices, unique ritual and/or ceremonial contexts are frequently employed.

DIFFERENCES

- PAT is framed by Western science and psychology, whereas Indigenous practices are framed by the unique traditions and Knowledge systems of different Indigenous Peoples.

LEGALITY

ARE PSYCHEDELICS ILLEGAL?

The legal status of psychedelic substances varies depending upon jurisdiction (country and state). In Canada and the USA, LSD, psilocybin, DMT, MDMA, and others are federally illegal, whereas ketamine is legal when prescribed by a medical doctor. The illegal classification of most psychedelic substances is socially and scientifically questionable, given their safety relative to other legal regulated substances like alcohol, and known harms of illegal drug trade.

IS IT LEGAL TO PRACTICE PSYCHEDELIC-ASSISTED THERAPY?

This varies depending on jurisdiction and the regulated status of the psychedelic. Currently, it is legal to practice ketamine-assisted therapy, when ketamine is prescribed by a medical doctor. In Canada and the US, MDMA and psilocybin are only legal through special exemptions granted through application by a medical doctor to federal agencies (in Canada, the Special Access Programme; in USA Compassionate Use). PAT is otherwise illegal and unregulated, though certain states like Oregon are developing legal regulatory frameworks for PAT using natural/plant medicines. Some groups have exemptions for religious use, such as the Santo Dime and UAV churches who use ayahuasca as a sacrament, although this is not PAT. Society-wide legalization or decriminalization may come, but this is a separate regulatory consideration distinct from healthcare regulatory frameworks governing PAT delivery.

SELECTED READINGS

PAT Paradigm Shift in Psychiatry

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6041963/>

Free Educational Resources:

[Psychedelic.Support Free Courses](#)



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Dr. Devon Christie is a family doctor focusing in chronic pain and mental health, and certified in Functional Medicine, Mindfulness-Based Stress Reduction, Relational Somatic Therapy, Level 1 Internal Family Systems, and MAPS MDMA-assisted therapy. She is a dedicated educator in acclaimed psychedelic therapist training programs, emphasizing ethics, mindfulness, and somatic skills. Devon is committed to improving healthcare with trauma-informed, holistic approaches, including researching and carefully integrating psychedelic-assisted therapies.



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ENDNOTES

- 1 Luoma, J.B., Subucedo, P., Eriksson, J., et al. (in press). Toward a Contextual Psychedelic Assisted Therapy: Contextual Behavioral Science and the Third Wave of Psychedelic Research. *Journal of Contextual Behavioral Science*. <https://jasonluoma.com/wp-content/uploads/sites/23/2019/11/2019-CBS-and-psychedelics-pre-print.pdf>
- 2 Breeksema JJ, Kuin BW, Kamphuis J, van den Brink W, Vermetten E, Schoevers RA. Adverse events in clinical treatments with serotonergic psychedelics and MDMA: A mixed-methods systematic review. *Journal of Psychopharmacology*. 2022;36(10):1100-1117. doi:10.1177/02698811221116926. <https://journals.sagepub.com/doi/full/10.1177/02698811221116926>
- 3 Mitchell, J.M., Bogenschutz, M., Lilienstein, A. et al. MDMA-assisted therapy for severe PTSD: a randomized, double-blind, placebo-controlled phase 3 study. *Nat Med* 27, 1025–1033 (2021). doi.org/10.1038/s41591-021-01336-3. <https://www.nature.com/articles/s41591-021-01336-3>
- 4 Jerome L, Feduccia AA, Wang JB, Hamilton S, Yazar-Klosinski B, Emerson A, Mithoefer MC, Doblin R. Long-term follow-up outcomes of MDMA-assisted psychotherapy for treatment of PTSD: a longitudinal pooled analysis of six phase 2 trials. *Psychopharmacology (Berl)*. 2020 Aug;237(8):2485-2497. doi: 10.1007/s00213-020-05548-2. Epub 2020 Jun 4. PMID: 32500209; PMCID: PMC7351848. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7351848/>
- 5 Mitchell, J.M., Ot'alora G., M., van der Kolk, B. et al. MDMA-assisted therapy for moderate to severe PTSD: a randomized, placebo-controlled phase 3 trial. *Nat Med* (2023). <https://doi.org/10.1038/s41591-023-02565-4>. <https://www.nature.com/articles/s41591-023-02565-4>
- 6 Raison CL, Sanacora G, Woolley J, Heinzerling K, Dunlop BW, et al. Single-Dose Psilocybin Treatment for Major Depressive Disorder: A Randomized Clinical Trial. *JAMA*. 2023 Sep 5;330(9):843-853. doi: 10.1001/jama.2023.14530. PMID: 37651119; PMCID: PMC10472268. <https://pubmed.ncbi.nlm.nih.gov/37651119/>
- 7 [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(22\)00538-7/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(22)00538-7/fulltext)
- 8 Davis AK, Barrett FS, May DG, Cosimano MP, Sepeda ND, Johnson MW, Finan PH, Griffiths RR. Effects of Psilocybin-Assisted Therapy on Major Depressive Disorder: A Randomized Clinical Trial. *JAMA Psychiatry*. 2021 May 1;78(5):481-489. doi: 10.1001/jamapsychiatry.2020.3285. Erratum in: *JAMA Psychiatry*. 2021 Feb 10;: PMID: 33146667; PMCID: PMC7643046. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7643046/>
- 9 Kisely S, Connor M, Somogyi AA, Siskind D. A systematic literature review and meta-analysis of the effect of psilocybin and methylenedioxymethamphetamine on mental, behavioural or developmental disorders. *Australian & New Zealand Journal of Psychiatry*. 2023;57(3):362-378. doi:10.1177/00048674221083868. <https://journals.sagepub.com/doi/abs/10.1177/00048674221083868>
- 10 Wheeler, S. W., & Dyer, N. L. (2020). A systematic review of psychedelic-assisted psychotherapy for mental health: An evaluation of the current wave of research and suggestions for the future. *Psychology of Consciousness: Theory, Research, and Practice*, 7(3), 279–315. <https://doi.org/10.1037/cns0000237>. <https://psycnet.apa.org/record/2020-39571-001>
- 11 Dupuis D, Veissière S. Culture, context, and ethics in the therapeutic use of hallucinogens: Psychedelics as active super-placebos? *Transcultural Psychiatry*. 2022;59(5):571-578. doi:10.1177/13634615221131465. <https://journals.sagepub.com/doi/full/10.1177/13634615221131465>.
- 12 Hartogsohn, Ido (2018). The Meaning-Enhancing Properties of Psychedelics and Their Mediator Role in Psychedelic Therapy, Spirituality, and Creativity. *Frontiers in Neuroscience*, 12(), 129–. doi:10.3389/fnins.2018.00129. <https://www.frontiersin.org/articles/10.3389/fnins.2018.00129/full>.
- 13 Fogg C, Michaels TI, de la Salle S, Jahn ZW, Williams MT. Ethnoracial health disparities and the ethnopsychopharmacology of psychedelic-assisted psychotherapies. *Exp Clin Psychopharmacol*. 2021 Oct;29(5):539-554. doi: 10.1037/pha0000490. Epub 2021 Jun 7. PMID: 34096755. <https://pubmed.ncbi.nlm.nih.gov/34096755/>
- 14 Cavnar, Clancy. “Can Psychedelics “Cure” Gay People? Published online Nov 15, 2018. Accessed Sep 18, 2023. <https://chacrana.net/can-psychedelics-cure-gay-people/>