The New Revolution in Mental Health Care:
The Role of Psychedelics and Counseling in Helping People Heal and Thrive

Overview:
- Purpose/Importance to the Counseling Profession
- History of Psychedelic Use in Patient Treatment
  - Ketamine Treatment Research
  - Psilocybin Treatment Research
  - MDMA Treatment Research
- Role of Counselors in Psychedelic Treatment
- Lessons Learned From Cross-Disciplinary Studies
- Counseling Ethics and Issues: Addiction, Training, Resources
Presenters

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Purpose / Importance to Counseling Profession

Health Care Progress (!):
- Heart Disease
- Cancer
- AIDS

Mental Health Progress (?)
- Depression
- Suicide
- Addiction
History of Psychedelic Use in Treatment
Psychedelics: A Brief History

1938-2018

Discovery Phase:

1938
LSD: Albert Hoffman
Sandoz Pharmaceuticals (Swiss)

1955
Psilocybin: Gordon Wasson
Discovered in Mexico / brought to NYC

1956
Am Psychiatric Assoc
Holds 6 Internl Psyched Conferences

1956
LSD: Bill Wilson (AA Founder)
Lobbies for LSD inclusion in AA Program

Success & Demise Phase

1960s
Spring Grove Experiments
Ambitious & promising (state funded) psilocybin research: addicts, schizophrenics, personality disorders

1965
Timothy Leary Debacle
"Turn on, Tune In, Drop Out"

1966
Psychedelics Banned by FDA

1967
Fort Detrick (Maryland)
CIA LSD Studies discovered

Quiet Resurgence

1975
Psilocybin: Paul Stamets
Mushroom Conferences @ Evergreen College

1976
MAPS Founded
Multidisciplinary Assoc for Psych Studies

1990s
Underground Tx
Small group of scientists & psychotherapists revive the research & Tx

2006
Modern Psychedelic Renaissance

1000 government-funded empirical research studies of over 40,000 patients published: alcoholism, depression, autism, schizophrenia, OCD, death anxiety in terminal patients.
Psychedelic Tx: Ketamine Clinical Trials

- Schedule 3 Dissociative Anesthetic
- Rapid onset anti-depressant
- Decreases suicidal ideation
- Reduces alcohol, cocaine, heroine craving/abstinence
- Increases frontal lobe plasticity
- Administered IV or IM
- Side-effects
Psychedelic Tx: Psilocybin Treatment

- Naturally-occurring plant alkaloid that activates the 5HT2A serotonin receptor
- Ritual use dates back over 3000 years in Mexico
- Possesses the most favorable safety profile of all the psychedelics (has highest nontoxicity rank) (Gable, 2003; Tyls, Palenicek, & Horacek, 2014)
- Virtually no lasting side effects (shown over all studies)
  - During Tx: higher BP, pulse
  - After Tx: headache
Psychedelic Tx: Psilocybin Clinical Trials

Samples Researchers Examined:

- **Treatment-resistant depression**
  - severely depressed sample, 2 dosings, no one sought antidepressants within 5 weeks of tx, symptom improvements still at 6 mo
  - ‘these data tentatively imply that psilocybin may protect against relapse to an equivalent extent of antidepressants’

- **Alcohol addiction**
  - no signif Δ in 4 wks MET, after admin #1 signif (p < 0.05) increase in abstinence that sustained to 9 mo

- **Nicotine addiction**
  - up to 3 dosings / 80% abstinence at 6 months

- **End of life / Death anxiety**
  - 80% showed large↓ in depr, anxiety, death anxiety; signif ↑ in life meaning, optimism, quality of life; sustained at 6 mo)

- **Suicidal ideation**
  - ‘these findings suggest that lifetime use of psilocybin may be especially protective with regard to severe psychological distress and suicidality’ (Hendricks et al, 2015, p. 1042)
Psychedelic Treatment: MDMA Clinical Trials
• A non-profit pharmaceutical company

• 2016 granted FDA approval for phase III clinical trials for MDMA psychotherapy for PTSD

• 2017 FDA granted MDMA treatment for PTSD a Breakthrough Therapy Designation

• 2018 Phase III research in 15 locations in the United States, Canada, and Israel.
Mithoefer, Wagner, Mithoefer, Jerome, and Doblin (2010)

- Randomized, double blind, active placebo trial
- n=20 (12/8) treatment-resistant PTSD
- 2, 8-hour MDMA-assisted psychotherapy session
- Clinician Administered PTSD Scale (CAPS) – baseline, 4 days, 2 months
- Significantly decreased scores (no longer meeting the criteria for PTSD) at 2 month follow-up for 10/12 verses 2/8.
- No reported adverse experiences
- **Oehen, Traber, Widmer, and Schnyder (2013) [replicated]**
  - Randomized, double-blind, active-placebo trial
  - n=12 (8/4)
  - Low dose (25mg + 12.5mg) and full dose (125mg + 62.5mg)
  - 3, 8 hour MDMA-assisted psychotherapy sessions
  - CAPS & Posttraumatic Diagnostic Scale (PDS) - Baseline, 3 weeks, 2 months, 1 year
  - CAPS - **Reduction, but not significant** (average - 15.6 points)
  - PDS – **significant** reduction
  - No adverse experiences reported
Mithoefer, Wagner, Mithoefer, Jerome, Martín, Yazar-Klosinski, Michel, Brewerton, and Doblin (2013) [long-term]

- Gathered follow-up data on the long-term impact of Mithoefer et al (2010)
- 16 participants completed the CAPS 17-74 months after the original study
- Comparison of CAPS scores indicated that the **mean scores did not change** in the time between completion of treatment and reassessment
Ot’alora Grigsby, Poulter, Van Derveer III, Giron, Jerome, Feduccia, Hamilton, Yazar-Klosinski, Emerson, Mithoefer, and Doblin (2018) [dosage]

- Randomized, double blind study, placebo, low or full dose groups
- n = 28 with treatment-resistant PTSD
- 2, 8 hour session of MDMA doses 100-125mg or 40mg
- CAPS scores significantly lower from baseline to 12 months for the 100-125mg treatment group
- 76% in the treatment group no longer met the diagnostic criteria for PTSD.
Neurocircuitry

- Decrease amygdala activity (Gamma et al., 2000)
- Increase ventromedial prefrontal cortex activity (Gamma et al., 2000)
- Increases oxytocin (Wolff et al., 2006)
- Increases serotonin (Oehen et al., 2013)
- Increases dopamine (Setola et al., 2003; Huot et al., 2011)
Potential Side Effects for Clinical Doses

- Muscle tightness in the jaw
- Loss of appetite
- Dizziness
- Nausea
- Insomnia
- Increased body temperature, heart rate, and blood pressure

(Mithoefer et al., 2010; Vizeli & Liechti, 2017)
Critical Role of Counselors in Psychedelic Treatment

- The role of facilitator or guide plus the container of community ritual is fundamental in traditional uses of non-ordinary or altered states of consciousness (ASOC)
- The importance of “set and setting”
- Typical session format and structure
Critical Role of Counselors in Psychedelic Treatment

Cross-Disciplinary Studies: Learning from the Underground

Anthropologists, sociologists, ethnobotanists, tribal people from around the world, and underground practitioners in the United States have kept interest in this work alive and have uncovered knowledge and experiences relevant to counseling.

Psychedelic harm reduction principles and practices.
Critical Role of Counselors in Psychedelic Treatment

Current Ethical Issues & Questions

- What is the scope of psychedelic integration work and what are the best practices?
- What harm reduction information can I provide to my client about this kind of work if they request it?
- What are the additional ethical standards for working with people in ASOC?
- Where do I find adequate training and supervision?
- How do we address the problematic features of working with these medicines within a research format?
- Is the phenomenology of psychedelic medicine necessary or is it preferable to use a chemical that has no experiential component?
- Is denial of treatment ethical?
Critical Role of Counselors in Psychedelic Treatment

Special Issues: Addiction

- Current trials investigating psychedelic medicines to treat Substance Use Disorder.
- Historical connection of 12 Step groups to the promotion of LSD as a support for sobriety.
- Diagnostic and treatment complexities.
- Rational Scale of Harm Assessment, Nutt et al.
Toxicity v. effective doses of drugs

Ranking psychoactive substances by their ratios of lethal dose to effective dose gives a general picture of how likely each is to precipitate an acute fatal reaction. By this measure, many illicit drugs are considerably safer than alcohol.

Critical Role of Counselors in Psychedelic Treatment

Special Issues: Training Needs of Counselors
Critical Role of Counselors in Psychedelic Treatment

Questions…