

The Division of Continuing Education in Psychiatry presents

Meditation and Psychotherapy: Learning from Non-Ordinary States

April 9-10, 2021

Course Directors: Christopher K. Germer, PhD
Ronald D. Siegel, PsyD
Karen J. Kuc, MPH

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Course Director Welcome



Dear Friends and Colleagues:

We welcome you to the 14th Meditation and Psychotherapy conference offered by the Department of Psychiatry, Cambridge Health Alliance, and Harvard Medical School. Some of you have been attending this conference every year and others might be joining us for the first time. We have made an effort each year to present cutting-edge developments in the theory, research, and practice of meditation and psychotherapy and this year is no exception.

Our topic this year is **Learning from Non-Ordinary States**. The exploration of non-ordinary states of consciousness has played an important role in psychotherapy since its inception. Dreams, hypnotic trance, free association, and breath regulation, as well as meditation practices like mindfulness and compassion, have all been successfully applied in clinical settings to access and integrate challenging emotional experiences that cause psychological disorders. More recently, we are seeing an explosion of research on the clinical application of non-ordinary states induced by pharmaceutical psychedelics. MDMA, psilocybin and ketamine are being used in FDA-approved trials in the United States and government-sanctioned studies abroad to enhance psychotherapy for disorders such as PTSD, depression, and addictions, as well as to ease end-of-life transitions. These developments represent a novel approach to psychopharmacology, focusing on changing perspective and expanding awareness rather than suppressing symptoms, and they also present exciting new opportunities for integrating psychotherapy into psychopharmacologic treatment.

This course will explore the importance of non-ordinary states in psychotherapy, with a special focus on the history, science, neurobiology and ethical and legal issues associated applying psychedelics in clinical settings. Increasingly, clients want to discuss their psychedelic experiences with their therapists, and they are asking for advice about psychedelics for treatment-resistant conditions. Clinicians should not only be aware of the benefits, but also the potential risks of psychedelics. Safety and harm reduction are key issues in psychedelic-assisted psychotherapy. There is also a great need for more research and training before psychedelic-assisted psychotherapy can be safely administered to the general population, should the results of controlled studies continue to confirm its efficacy. Another issue is equitable access of psychedelic-assisted psychotherapy by marginalized populations.

Non-ordinary states induced by meditation and psychedelics share common processes, such as overlapping neurophysiology as well as letting go and trusting the inner authority of the experiencer. Research also suggests that mindfulness meditation and psychedelic experience are synergistic, and the combination can create better outcomes. By exploring the common and divergent change processes in meditation practices, psychedelic treatment and other methods of evoking non-ordinary states of consciousness, clinicians and researchers will gain a deeper understanding of how psychological disorders are maintained and alleviated.

Again, welcome to this exciting conference and we look forward to learning and interacting together in the online teaching environment.

Sincerely,

Christopher Germer, PhD

Ronald D. Siegel, PsyD

Course Directors

Course Overview

Understanding the common and divergent change processes in meditation practices, psychedelic treatment, and other methods of evoking non-ordinary states offers clinicians and researchers an opportunity for deeper understanding of how psychological disorders are created and alleviated. This course will explore the history, science, neurobiology, and pros and cons of different ways of working with non-ordinary states of consciousness, especially psychedelics. It is intended for mental health and health practitioners, and others wanting a deeper understanding of non-ordinary states and their therapeutic potential. Multiple learning formats will be used including didactic presentations, panels, case discussions, and Q&A. Course directors will also lead participants in a guided meditation session.

Target Audience

This course is targeted to Primary Care Physicians, Specialty Physicians, Nurses, Nurse Practitioners, Physician Assistants and Psychologists. This course may also be of interest to physicians who practice in Internal Medicine, Lifestyle and Mind Body Medicine, Psychiatry, Pediatrics and Adolescent Medicine, Psychology and Mental Health, Emergency Medicine, Family Medicine and Pain Medicine.

Learning Objectives

Upon completion of this activity, participants will be able to:

- Define non-ordinary states of mind and describe their use in psychotherapy and everyday life.
- Identify and work safely and effectively with techniques for inducing or exploring non-ordinary states of consciousness that are currently available in clinical practice.
- Explain psychedelic medication, and describe the history and research on psychedelics in clinical settings.
- Present the ethical and legal issues, along with indications and contraindications, of using psychedelics in therapeutic settings.
- Describe the controlled investigations currently underway into the use of MDMA, psilocybin, and ketamine for the treatment of psychological disorders.
- Develop an expanded model of therapeutic action that includes non-ordinary states of mind.

Agenda

Friday, April 30, 2021		
8:50-9:00 AM	Welcome	Karen Kuc, Christopher Germer, Ronald Siegel
<i>Morning Moderator: Ronald Siegel</i>		
9:00-10:00	Clinical Perspectives on Non-Ordinary States (includes a breakout session)	Ronald Siegel & Christopher Germer
10:00-10:05	Stretch Break	
10:05-11:00	Psychedelics and the Brain: Insights from Neurobiology	Judson Brewer
11:00-11:10	Stretch Break	
11:10-12:15 PM	The History, Science and Future Regulation of Psychedelic-Assisted Psychotherapy and Psychedelic-Supplemented Meditation	Rick Doblin
12:15-12:25	Stretch Break	
12:25-1:20	Ethical and Legal Risks of the Therapeutic Use of Psychedelic Exploration	Carmel Shachar
1:20-1:50	Midday Break	
<i>Afternoon Moderator: Christopher Germer</i>		
1:50-2:50	Non-Ordinary States in Buddhist Meditation (includes a breakout session)	Andrew Olendzki
2:50-2:55	Stretch Break	
2:55-3:40	Working with Dreams: Our Everyday Non-Ordinary State	Deirdre Barrett
3:40-3:50	Stretch Break	
3:50-4:35	Expanding Consciousness through Holotropic Breathing	Nicholas Luchetti & Inna Khazan
4:35-4:40	Stretch Break	
4:40-5:25	Hypnosis: The Clinical Applications of Absorption	Carol Ginandes
5:25 PM	Close Day 1	

Saturday, May 1, 2021		
8:20-8:50 AM	Morning Guided Meditation	Christopher Germer
8:50-9:00 AM	Welcome Day 2	Karen Kuc, Ronald Siegel
Morning Moderator: Ronald Siegel		
9:00-10:15	Frontiers in Consciousness Exploration: Perspectives from Psilocybin Research	William A. Richards
10:15-10:20	Stretch Break	
10:20-11:10	Clinical and Transformative Aspects of Ketamine Assisted Psychotherapy	Elizabeth Call & Susan Walker
11:10-11:20	Stretch Break	
11:20-12:15 PM	MDMA-Assisted Psychotherapy for PTSD: Clinical and Contemplative Aspects (includes a breakout session)	James Hopper
12:15-12:20	Stretch Break	
12:20-1:15	Letting Go: Common Elements in Psychedelics, Meditation, and Depth Psychology	Paul Summergrad
1:15-1:45	Midday Break	
Afternoon Moderator: Christopher Germer		
1:45-2:40	Learning Psychedelic-Assisted Psychotherapy	Janis Phelps
2:40-2:50	Stretch Break	
Panel: Integrating Non-Ordinary States into Psychotherapy		
2:50-3:10	Non-Ordinary States of Consciousness	Michael Alpert
3:10-3:30	Psychotherapy and the Integration of Non-Ordinary States	Francis Guerriero
3:30-3:50	Visions for the Future of Psychedelics	Franklin King
3:50-4:00	Stretch Break	
4:00-5:00	Panel Discussion	Michael Alpert, Francis Guerriero, Franklin King, Elizabeth Call, Janis Phelps
5:00 PM	Close Program	Christopher Germer, Ronald Siegel

Faculty

Michael D. Alpert, MD

Psychiatrist, South Cove Community Health Center, Boston; Instructor in Psychiatry, Harvard Medical School at Beth Israel Deaconess Hospital; Therapist and Investigator, MDMA- Assisted Psychotherapy Clinical Study for PTSD, Multidisciplinary Association for Psychedelic Studies.

Deirdre Barrett, PhD

Assistant Professor of Psychology in Psychiatry, Harvard Medical School at Cambridge Health Alliance; Past President: International Association for the Study of Dreams and The Society for Psychological Hypnosis; Featured on: CNN, Discovery Channel, Good Morning America, and others; Author/Editor of numerous publications including: *The Committee of Sleep; Trauma and Dreams; The New Science of Dreaming; The Pregnant Man; Hypnosis and Hypnotherapy*, Editor-in-Chief, *Dreaming*, International Association for the Study of Dreams.

Judson Brewer, MD, PhD

Director of Research and Innovation, Mindfulness Center and Professor of Psychiatry, Brown University School of Medicine; Featured on: 60 minutes, Ted Talk (4th most viewed talk of 2016 with over 10 Million views), Time Magazine, Forbes, NPR, and the BBC among others; Author, *The Craving Mind: From Cigarettes to Smartphones to Love, Why We Get Hooked and How We Can Break Bad Habits*.

Elizabeth Call, PsyD

Therapist and Sub-Investigator, Boston Site, FDA Phase 3 Trial, MDMA-Assisted Psychotherapy for PTSD; Multidisciplinary Association for Psychedelic Studies; Private Practice, Cambridge, MA.

Rick Doblin, PhD

Founder and Executive Director, Multidisciplinary Association for Psychedelic Studies (MAPS); Ted Talk, The Future of Psychedelic-Assisted Psychotherapy; Author/Co-Author of numerous publications including *Manifesting Minds: A Review of Psychedelics in Science, Medicine, Sex, and Spirituality* and contributor to *Psychopharmacology*, *Journal of Psychopharmacology*, *Journal of Psychoactive Drugs*, and others.

Christopher Germer, PhD

Faculty and Co-Founder, Center for Mindfulness and Compassion and Supervisor, Department of Psychiatry, Cambridge Health Alliance; Lecturer on Psychiatry (part-time), Harvard Medical School; Faculty, Institute for Meditation and Psychotherapy; Co-Developer, Mindful Self-Compassion (MSC) Training Program; Private Practice and Supervision, Arlington, MA; Author, *The Mindful Path to Self-Compassion*; Co-author: *Teaching the Mindful Self-Compassion Program* and *The Mindful Self-Compassion Workbook*; Co-editor: *Mindfulness and Psychotherapy* and *Wisdom and Compassion in Psychotherapy*.

Carol Ginandes, PhD, ABPP

Health Psychologist; Supervisor and Teacher, McLean Hospital; Assistant Professor of Psychology, Department of Psychiatry, Harvard Medical School; Creator of the audio programs: *Smooth Surgery*, *Rapid Recovery*; *Rapid Recovery from Injury*; *Relieve Allergy, Reduce Reactivity*; *The Ultimate Power Nap for Rapid Rest and Renewal*; and *Perfect Pressure, Healthy Heart*; Private Practice, Watertown MA.

Francis Guerriero, MA, MSW

Therapy Team Member, Trauma Research Center and Multidisciplinary Association of Psychedelic Studies; Therapist and Consultant, Cambridge Biotherapies; Outpatient Psychotherapist, Private Practice, Cambridge, MA. Francis holds degrees in Holistic Psychotherapy, Pastoral Ministry, and Clinical Social Work from Lesley University and Boston College. He is a graduate of the Institute for Existential and Psychoanalytic Therapy and The Ketamine Training Institute. He is a therapist and sub-investigator on the MAPS Clinical Program for MDMA-Assisted Psychotherapy. Bringing 25 years of Eastern contemplative practices into his work, he specializes in mindfulness-based treatments and psychedelic integration in his Cambridge MA private practice.

James Hopper, PhD

Consultant, Outpatient Addictions Service, Cambridge Health Alliance; Teaching Associate in Psychology, Department of Psychiatry, Harvard Medical School; Therapist, Boston Site, FDA Phase 3 Trial, MDMA-Assisted Psychotherapy for PTSD, Multidisciplinary Association for Psychedelic Studies; Co-Editor, *Mindfulness-Oriented Interventions for Trauma: Integrating Contemplative Practices*.

Inna Khazan, PhD, BCB

Faculty, Harvard Medical School at Cambridge Health Alliance; Biofeedback and Mindfulness Trainer including for US Navy Special Warfare, US Army Special Forces, and the Stuttgart Opera and Ballet Company; Board Member: Institute for Meditation and Psychotherapy, Association for Applied Psychophysiology and Biofeedback, and Biofeedback Certification International Alliance; Author of numerous journal articles and two books: *Clinical Handbook of Biofeedback: A Step-by-Step Guide to Training and Practice with Mindfulness*, and *Biofeedback and Mindfulness in Everyday Life: Practical Solutions for Improving your Health and Performance*.

Franklin King, MD

Psychiatrist, Emergency Department and Center for Anxiety and Traumatic Stress Disorders, Massachusetts General Hospital; Instructor in Psychiatry, Harvard Medical School.

Nicholas Luchetti, MS

Psychotherapist, Northampton MA; Member, Holotropic Breathwork Practitioners.

Andrew Olendzki, PhD

Director of Mindfulness Studies Program and Professor, Lesley University; Board Member, Institute for Meditation and Psychotherapy; Former: Executive Director and Senior Scholar, Insight Meditation Center, Barre and Senior Scholar, Mind and Life Institute; Author: *Unlimiting Mind: The Radically Experiential Psychology of Buddhism*; *Untangling Self: A Buddhist Investigation of Who We Really Are*.

Janis Phelps, PhD, MFT

Founder and Director, Center for Psychedelic Therapies and Research and Professor of East-West Psychology and Clinical Psychology, School of Consciousness and Transformation, California Institute of Integral Studies, San Francisco, California; Board Member, Heffter Research Institute; Private Practice, Mill Valley, California; Contributing Author, *Advances in Psychedelic Medicine*.

William A. Richards, PhD

Clinical Director, States of Consciousness Research and Psychologist, Department of Psychiatry, Bayview Medical Center, Johns Hopkins School of Medicine; Researcher on psilocybin for over twenty years; Private Practice, Baltimore, Maryland; Author of numerous publications including: *Implications of LSD and Experimental Mysticism*; *Sacred Knowledge: Psychedelics and Religious Experiences*.

Carmel Shachar, JD, MPH

Executive Director, Petrie-Flom Center for Health Law Policy, Biotechnology, and Bioethics, Co-Lead, Regulatory Foundations, Ethics and Law Program, and Co-Editor, Bill of Health blog, Harvard Law School.

Ronald D. Siegel, PsyD

Faculty, Center for Mindfulness and Compassion and Assistant Professor of Psychology (part-time), Department of Psychiatry, Harvard Medical School at Cambridge Health Alliance; Faculty, Institute for Meditation and Psychotherapy; Author of the Great Courses Program, *The Science of Mindfulness: A Research-Based Path to Well-Being*; Books include: *Sitting Together, Mindfulness and Psychotherapy, The Mindfulness Solution, Back Sense, and Wisdom and Compassion in Psychotherapy*.

Paul Summergrad, MD

Psychiatrist-in-Chief, Tufts Medical Center; Dr. Frances S. Arkin Professor and Chairman, Department of Psychiatry and Professor of Medicine, Tufts University School of Medicine; Past President, American Psychiatric Association; Recipient of numerous awards and honors, member of several editorial boards, and author of over 100 publications.

Susan Walker, MD

Child, Adolescent, and Emergency Room Psychiatrist, Cambridge Health Alliance; Instructor in Psychiatry, Harvard Medical School; Trauma Research Foundation Co-Principal Investigator for Phase 3 Clinical Trials, MDMA Assisted Psychotherapy for PTSD with MAPS/ MPBC; Associate Supervisor for the MAPS/ MPBC MP18 Clinical Trial in Europe and Expanded Access Clinical Trial, MDMA Assisted Psychotherapy for PTSD; Ketamine Assisted Psychotherapist, Private Practice, Cambridge, MA.

Faculty Disclosures

Harvard Medical School has long held the standard that its continuing medical education courses be free of commercial bias.

In accord with the disclosure policy of the Medical School as well as standards set forth by the Accreditation Council for Continuing Medical Education, course planners, speakers, and content reviewers have been asked to disclose any relevant relationship they, or their spouse or partner, have to companies producing, marketing, re-selling or distributing health care goods or services consumed by, or used on, patients. In addition, faculty have been asked to list any off-label uses of pharmaceuticals and/or devices for investigational or non-FDA approved purposes that they plan to discuss. Such disclosure is not intended to suggest or condone bias in any presentation, but is elicited to provide the course director and participants with information that might be of potential importance to their evaluation of a given presentation.

The following planners, speakers, and content reviewers, on behalf of themselves and their spouse or partner, have reported financial relationships with an entity producing, marketing, re-selling, or distributing health care goods or services (relevant to the content of the activity) consumed by, or used on, patients:

<i>FACULTY NAME</i>	<i>COMPANY / RELATIONSHIP</i>
Judson Brewer	Sharecare: Equity
Carol Ginandes	Health Journeys: Royalty or Intellectual Property Rights
James Hopper	MAPS Public Benefit Corporation: Investigator
Janis Phelps	Holos Institute: Advisory Board/Committee
William Richards	Compass Pathways: Stock Ownership Imperial College, London: Honorarium Integrative Psychiatry Institute, Boulder: Honorarium Horizons Media, NYC: Honorarium Therapsil, Victoria: Honorarium Sunstone Therapies: Investigator

Paul Summergrad	Quartet Health: Equity Karuna Therapeutics: Equity Compass Pathways: Consultant Pear Therapeutics: Consultant and Equity Mental Health Data Services: Consultant and Equity
Susan Walker	MAPS Public Benefit Corporation: Investigator

All other individuals including course directors, planners, reviewers, faculty, staff, etc., who are in a position to control the content of this educational activity have, on behalf of themselves and their spouse or partner, reported no financial relationships related to the content of this activity.



Accreditation and CME/CE Information

Physicians

The Harvard Medical School is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The Harvard Medical School designates this live activity for a maximum of 14.00 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Risk Management

This activity meets the criteria of the Massachusetts Board of Registration in Medicine for 1.00 credit of Risk Management Study. Please check your individual state licensing board requirements before claiming these credits.

Psychologists

The Cambridge Health Alliance, Psychiatry Continuing Education Division, is approved by the American Psychological Association to sponsor continuing education for psychologists. The Cambridge Health Alliance, Psychiatry Continuing Education Division, maintains responsibility for this program and its content. This course offers 7 credits per day for a total of 14 continuing education credits.

Social Workers and Family Therapists

Application for social work continuing education credits has been submitted. Please contact us at cme@challiance.org for the status of social work CE accreditation. NY Social Workers: The Division of Continuing Education in Psychiatry at Cambridge Health Alliance is recognized by the New York State Education Department's State Board for Social Work as an Approved Provider #0038 of continuing education for licensed social workers. 14 contact hours have been approved.

This activity has been certified by New England Association for Family and Systemic Therapy on behalf of the Massachusetts Board of Registration of Allied Mental Health and Human Services Professions, for LMFT professional continuing education, Certificate # PC-041055, for a total of 14 contact hours (7 hours per day). The States of CT and RI accept NBCC and NASW approval for marriage and family therapy.

Counselors and Educators

The Cambridge Health Alliance, Psychiatry Continuing Education Division has been approved by the National Board for Certified Counselors (NBCC) as an approved Continuing Education Provider, ACEP No. 5444. Programs that do not qualify for NBCC credit are clearly identified. This program meets the requirements for 14 continuing education hours. CHA is solely responsible for all aspects of the program. This offering is also applicable for Commonwealth of Massachusetts Counseling/Allied Mental Health accreditation and PDP Educator accreditation for a total of 14 credits.

Nurse Practitioners and Registered Nurses

The American Nurses Credentialing Center, Commission on Accreditation, accepts continuing education from the Accreditation Council on Continuing Medical Education (ACCME) toward recertification. The Cambridge Health Alliance, Psychiatry Continuing Education Division, verifies that this course is a planned, organized learning experience designed to augment the knowledge, skills, and attitudes for the enhancement of nursing practice to the end of improving health care to the public as mandated by Massachusetts Regulation 244 CMR 5.00 toward relicensing requirements.

Physician Assistants

The National Commission on Certification of Physician Assistants (NCCPA) states that *AMA PRA Category 1 Credits™* are acceptable for continuing medical education requirements for recertification. We would also suggest that learners check with their state licensing board to ensure they accept reciprocity with *AMA PRA Category 1 Credit™* for re-licensure.

Canadian Accreditation

The Royal College of Physicians and Surgeons of Canada recognizes conferences and workshops held outside of Canada that are developed by a university, academy, hospital, specialty society or college as accredited group learning activities.

European Accreditation

Through an agreement between the American Medical Association and the European Union of Medical Specialists, physicians may convert *AMA PRA Category 1 Credits™* to an equivalent number of European CME Credits® (ECMEC®s). Information on the process of converting *AMA PRA Category 1 Credits™* to ECMEC®s can be found at: www.eaccme.eu.

ABMS/ACGME Competencies

This course is designed to meet the following American Board of Medical Specialties (ABMS)/ Accreditation Council for Graduate Medical Educational (ACGME) competencies:

- Patient Care and Procedural Skills
- Interpersonal and Communication Skills
- Professionalism

IOM Competencies

This course is designed to meet the following Institute of Medicine (IOM) Competencies:

- Provide Patient-Centered Care
- Work in Interdisciplinary Teams
- Employ Evidence-Based Practice

Disclaimer

CME activities accredited by Harvard Medical School are offered solely for educational purposes and do not constitute any form of certification of competency. Practitioners should always consult additional sources of information and exercise their best professional judgment before making clinical decisions of any kind.

Evaluation and Certificate Process

The course evaluation will be hosted through the new **HMS MyCE** portal. If this is your first course using our new platform, complete your account setup via the email sent to you from no-reply@myce.hms.harvard.edu. If you have previously attended a course on the MyCE platform, this course will be added to your existing account.

Once you complete the account setup, you may login to MyCE with the following link:

<https://myce.hms.harvard.edu>. We recommend bookmarking this page so it is easily accessible. Select this course on your MyCE homepage, and look for the Evaluation button.

Once you complete the evaluation you will be able to claim your course credits and certificate. Please note that allied health CE certificates will be emailed to participants separately.

If you have any questions, please email **ceprograms@hms.harvard.edu**.

Lecture Summaries

Clinical Perspectives on Non-Ordinary States

Ronald D. Siegel, PsyD
Christopher Germer, PhD

Non-ordinary states have been used by human beings for thousands of years to solve psychological problems from a different perspective than ordinary waking consciousness—employing dreams, hypnosis, trance, chanting, meditation, psychedelics, and other methods. Some of these non-ordinary states can be characterized as unitary or mystical states of non-duality and universal love; some provide access to disavowed, or unwanted mental contents; and others provide perspective on narratives and core beliefs. Meditation and mindfulness practices also cultivate these states and have become integrated into mainstream psychotherapy over the past 40 years. More recently, empirically-supported, psychedelic-assisted psychotherapy is offering new possibilities for facilitating integration and perspective-taking, as well as experiencing unitary states of consciousness—shifts in consciousness that can have a beneficial impact on psychological disorders such as anxiety, depression, PTSD and substance abuse.

What mechanisms of action may help to explain the transformative potential of non-ordinary states? Can non-ordinary states of consciousness enhance our current understanding of mindfulness and compassion? What practical methods can be practiced in psychotherapy and daily life to cultivate insights gleaned from these states?

Following this session, participants will be able to:

1. Define non-ordinary states of consciousness
2. Identify ancient and modern applications of non-ordinary states
3. Name three therapeutic mechanisms of action associated with non-ordinary states
4. Describe unique insights derived from non-ordinary states of consciousness
5. Apply practices related to non-ordinary states to enhance mindfulness and compassion in psychotherapy.

Reading List:

- Carhart-Harris, R., Giribaldi, B., Watts, R., Baker-Jones, M., Murphy-Beiner, A... Nutt, D. (2021). Trial of psilocybin versus escitalopram for depression. *New England Journal of Medicine*, 384:1402-1411.
- Germer, C. & Siegel, R. (Eds.) (2012). *Wisdom and compassion in psychotherapy*. New York: Guilford Press.
- Grob, C. & Grigsby, J. (Eds.) (2021). *Handbook of medical hallucinogens*. New York: Guilford Press.
- Grof, S. (2019). *Psychology of the future: Lessons from modern consciousness research*. New York: SUNY Press.
- Madsen, M. K., Fisher, P. M., Stenbæk, D. S., Kristiansen, S., Burmester, D., Lehel, S., ... & Knudsen, G. M. (2020). A single psilocybin dose is associated with long-term increased mindfulness, preceded by a proportional change in neocortical 5-HT2A receptor binding. *European Neuropsychopharmacology*, 33, 71-80.
- Millière, R., Carhart-Harris, R. L., Roseman, L., Trautwein, F. M., & Berkovich-Ohana, A. (2018). Psychedelics, meditation, and self-consciousness. *Frontiers in Psychology*, 9, 1475.
- Nutt, D., Erritzoe, D., & Carhart-Harris, R. (2020). Psychedelic psychiatry's brave new world. *Cell*, 181(1), 24-28.
- Smigielski, L., Scheidegger, M., Kometer, M., & Vollenweider, F. (2019). Psilocybin-assisted mindfulness training modulates self-consciousness and brain default mode network connectivity with lasting effects. *NeuroImage*, 196, 207-215.
- Tassi, P., & Muzet, A. (2001). Defining the states of consciousness. *Neuroscience & Biobehavioral reviews*, 25(2), 175-191.
- Vollenweider, F. X., & Preller, K. H. (2020). Psychedelic drugs: neurobiology and potential for treatment of psychiatric disorders. *Nature Reviews Neuroscience*, 21(11), 611-624.
- 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.
- Wolff, M., Evens, R., Mertens, L. J., Koslowski, M., Betzler, F., Gründer, G., & Jungaberle, H. (2020). Learning to let go: A cognitive-behavioral model of how psychedelic therapy promotes acceptance. *Frontiers in Psychiatry*, 11, 5.

Insights and Interventions from Non-Ordinary States

Therapeutic Mechanism of Action	Pathogenic Mechanism of Action (Plague)	Wisdom-Related Insight and Interventions	Compassion-Related Insight and Interventions
<p>Metacognitive awareness/cognitive defusion</p> <p>Non-ordinary states introduce us to awareness outside of words and narratives, allowing perspective on thoughts.</p>	<p>Over-identification with narratives/ negative core beliefs</p> <p>Anxiety, depression, psychosis all involve belief in and identification with maladaptive thoughts.</p>	<p>Insight:</p> <p>Thoughts come and go against a background of awareness</p> <p>Exercises:</p> <ol style="list-style-type: none"> 1. "Without your thoughts, would you be in distress?" 2. ACT cognitive defusion & self-as-context practices 3. Being your breathing (versus noticing or feeling the breath) 	<p>Insight:</p> <p>Direct experience of interbeing/common humanity</p> <p>Exercises:</p> <ol style="list-style-type: none"> 1. "Just like me" 2. "I am loving awareness" mantra 3. Loving-kindness and compassion towards "self" who appears in narrative



Therapeutic Mechanism of Action	Pathogenic Mechanism of Action (Plague)	Wisdom-Related Insight and Interventions	Compassion-Related Insight and Interventions
<p>Exposure/experiential acceptance/affect tolerance</p> <p>Many non-ordinary states soften the repression barrier, allowing unwanted or disavowed experiences and mental contents to enter awareness. Many simultaneously increase our capacity to tolerate or embrace these experiences.</p>	<p>Experiential avoidance/distress intolerance</p> <p>Anxiety, depression, addictions, psychosis, PTSD all involve difficulty opening to painful experience. Seen as permanent, approached with avoidance, painful experiences are more disruptive and long-lasting.</p>	<p>Insight:</p> <p>Distress states are impermanent; suffering is created and prolonged by aversion</p> <p>Exercises:</p> <ol style="list-style-type: none"> 1. Mindfulness practices, e.g., R.A.I.N., finding emotions in the body 2. Open monitoring: observing and letting go of moment-to-moment experience 3. Urge surfing: separating pain from impulse to escape; notice how urge is separate from pain itself 	<p>Insight:</p> <p>Suffering is universal and needn't be feared; warmth and kindness enables us to embrace pain</p> <p>Exercises:</p> <ol style="list-style-type: none"> 1. Other-compassion: <i>tonglen</i> (breathe in suffering, breathe out compassion) 2. Self-compassion: "What do I need?" 3. Affectionate breathing: allowing yourself to be internally rocked and caressed 4. Surrender: "Let go and let God" (12 Step Programs)



Therapeutic Mechanism of Action	Pathogenic Mechanism of Action (Plague)	Wisdom-Related Insight and Interventions	Compassion-Related Insight and Interventions
<p>Psychological flexibility/ identification with world beyond “me”</p> <p>When no longer identified with a rigid sense of “me,” we can accept diverse parts of ourselves, hold our habits lightly, be less defensive, and connect more deeply to other beings.</p>	<p>Identification with a separate/ fixed self</p> <p>Self-preoccupation plays a significant role in anxiety, depression, substance use, and psychosis--all involve narratives about <i>me</i>, usually including activation of default mode network.</p>	<p>Insight:</p> <p>No separate self/part of a larger whole</p> <p>Exercises:</p> <ol style="list-style-type: none"> 1. “Not this, not that” (<i>neti neti</i>) 2. How I became me 3. Parts psychology 4. Zen koans: “Who were you before you were born?” “Who am I?” 	<p>Insight:</p> <p>I am love/it’s all love</p> <p>Exercises:</p> <ol style="list-style-type: none"> 1. “I am that” (<i>tat tvam asi</i>) 2. Savoring nature; cultivating biophilia 3. Prayer, chanting, or ritual 4. Service to others e.g., parenting, psychotherapy



Psychedelics and the Brain: Insights from Neurobiology

Judson Brewer, MD, PhD

A growing level of neuroscientific evidence is linking psychedelics to brain biology. In this talk, we will explore the specific links between the egoic self, self-referential processing in the brain and the effects that psychedelics have therein. We will also explore parallels and contrasts between psychedelics and mindfulness practices, including qualities of experience that provide pragmatic touchstones for therapists, teachers and individuals wishing to expand their minds.

Following this session, participants will be able to:

1. Identify brain networks and regions associated with psychedelics
2. Identify brain networks and regions associated with mindfulness practice
3. Begin exploring qualities of experience related to the overlap between psychedelics and mindfulness

Reading List:

- The Craving Mind: From Cigarettes to Smartphones to Love – Why We Get Hooked and How We Can Break Bad Habits.* By Judson Brewer. Foreword by Jon Kabat-Zinn (Yale University Press, 2017).
- Brewer et al. (2011) "Meditation experience is associated with differences in default mode network activity and connectivity." *PNAS* 108(50): 20254-9.
- Brewer et al. (2013) "What about the "self" is processed in the posterior cingulate cortex?" *Frontiers in Human Neuroscience* 7: 647.
- Garrison et al. (2013) "Effortless awareness: using real-time neurofeedback to probe correlates of posterior cingulate cortex activity in meditators' self-report." *Frontiers in Human Neuroscience* 7: 440.
- Carhart-Harris et al. (2012) Neural correlates of the psychedelic state as determined by fMRI studies with psilocybin. *PNAS*.
- Palhano-Fontes et al. (2015) The Psychedelic State Induced by Ayahuasca Modulates the Activity and Connectivity of the Default Mode Network. *PLoS ONE* 10(2): e0118143.
doi:10.1371/journal.pone.0118143
- Smigielski et al. (2019) Psilocybin-assisted mindfulness training modulates self-consciousness and brain default mode network connectivity with lasting effects. *NeuroImage* 196: 207–215.
- Dambrun and Richard (2011) Self-Centeredness and Selflessness: A Theory of Self-Based Psychological Functioning and Its Consequences for Happiness. *Rev. Gen. Psychology* 15(2) 138-57.

The History, Science and Future Regulation of Psychedelic-Assisted Psychotherapy and Psychedelic-Supplemented Meditation

Rick Doblin, PhD

Rick Doblin, PhD will summarize briefly the history of MDMA and its therapeutic use, Phase 2 and Phase 3 data for MDMA-Assisted Therapy for PTSD, mechanism of action, the role of the mystical experience in therapeutic outcomes, the impact of MDMA and psilocybin on enhancing meditation, and future directions for approval and post-approval.

Following this session, participants will be able to:

1. Identify major landmarks in psychedelic research/therapy history
2. Describe MDMA'S Mechanism of Action
3. Discuss the role of the mystical experience in treating people with MDMA-Assisted Therapy
4. Summarize Efficacy and Safety Data
5. Explain Risk Evaluation and Mitigation Strategies (REMS)

Reading List:

Griffiths, et al. (2018) Psilocybin-Occasioned Mystical-Type Experience in Combination with Meditation and Other Spiritual Practices Produces Enduring Positive Changes in Psychological Functioning and in Trait Measures of Prosocial Attitudes and Behaviors. *Journal of Psychopharmacology* 32 (1): 49-69. <https://bibliography.maps.org/bibliography/default/citation/11838>.

University of Zurich. (2019, October 24). Mindfulness meditation enhances positive effects of psilocybin. *ScienceDaily*. <https://www.sciencedaily.com/releases/2019/10/191024075003.htm>

Heuschkel K and Kuypers KPC (2020) Depression, Mindfulness, and Psilocybin: Possible Complementary Effects of Mindfulness Meditation and Psilocybin in the Treatment of Depression. A Review. *Front. Psychiatry* 11:224. doi: 10.3389/fpsy.2020.00224. <https://www.frontiersin.org/articles/10.3389/fpsy.2020.00224/full>

Smigielski, L., Kometer, M., Scheidegger, M. *et al.* Characterization and prediction of acute and sustained response to psychedelic psilocybin in a mindfulness group retreat. *Sci Rep* 9, 14914 (2019). <https://doi.org/10.1038/s41598-019-50612-3>. <https://www.nature.com/articles/s41598-019-50612-3#article-info>.

Ethical and Legal Risks of the Therapeutic Use of Psychedelic Exploration

Carmel Shachar, JD, MPH

Leading universities such as UCSF, Johns Hopkins, UC Berkeley, NYU, and Imperial College London are building centers for clinical research on psychedelic substances, including psilocybin, MDMA, and N,N-dimethyltryptamine. Meanwhile, drug companies are shepherding psychedelic therapies through the FDA approval process; six U.S. cities have voted to decriminalize various psychedelics, Oregon voted to decriminalize psychedelics and create the first statewide industry for psilocybin-assisted therapy, and California, Florida, Texas, Connecticut, Massachusetts, and Hawaii are considering related legislation. Due to the therapeutic potential of psychedelics, the U.S. market for these substances is projected to reach \$6.85 billion by 2027, attracting a significant number of for-profit companies and investors.

However, despite the proliferation of medical research centers, increasing investment in psychedelic drug development, and widespread state and local decriminalization, there is a lack of consensus on ethical, legal, and policy issues associated with psychedelics research and clinical use.

Following this session, participants will be able to:

1. Identify key legal and regulatory challenges and trends regarding the use of psychedelics
2. Articulate the ethical principles and considerations that apply to the use of psychedelics
3. Identify opportunities for change when it comes to the use of psychedelics

Reading List:

Belouin SJ, Henningfield JE. Psychedelics: Where we are now, why we got here, what we must do.

Neuropharmacology. 2018;142:7-19. doi:10.1016/j.neuropharm.2018.02.018.

Marks M. *Controlled Substance Regulation for the COVID-19 Mental Health Crisis*. Social Science Research Network; 2020. Accessed April 16, 2021. <https://papers.ssrn.com/abstract=3607702>.

Marks M. Psychedelic Medicine for Mental Illness and Substance Use Disorders: Overcoming Social and Legal Obstacles. *NYU J Legis & Pub Pol'y*. 2018;21(1):69-140. Accessed April 16, 2021. <https://heinonline.org/HOL/P?h=hein.journals/nyulpp21&i=75>.

Non-Ordinary States in Buddhist Meditation

Andrew Olendzki, PhD

It can be hard to discern what is considered ordinary and non-ordinary states in Buddhist thought and practice, since our normal state of mind is seen to be highly distorted and our underlying state of natural clarity of mind is so elusive and rarely accessed. We review the basic Buddhist model of mind to see how ordinary the practice of meditation can be, and then explore the details of the concentration practices called jhānas wherein more extraordinary experience often occurs. Ultimately the concern for Buddhist psychology is whether a state or experience can be considered healthy or unhealthy, and whether or not such states are transformative by altering unconscious traits and behaviors.

Following this session, participants will be able to:

1. Identify key components and processes of the mind according to Buddhist psychology.
2. Recognize insight meditation as following along the normal activity of experience.
3. Understand and name the four stages of concentration (*jhāna*) practice.
4. Recount the early Buddhist attitudes toward intoxicants and related mind states.
5. Discern for themselves the relationship between wisdom and non-ordinary states.
6. Appreciate that a case can be made both for and against the use of substances to evoke non-ordinary states.

Reading List:

Walshe, M. (1987/1995). *The long discourses of the Buddha: A translation of the dīgha nikāya*. Wisdom.

Ñāṇamoli, B. & Bodhi, B. (1995). *The middle length discourses of the Buddha: A translation of the majjhima nikāya*. Wisdom.

Bodhi, B. (2000). *The connected discourses of the Buddha: A translation of the saṃyutta nikāya*. Wisdom.

Bodhi, B. (2012). *The numerical discourses of the Buddha: A translation of the anguttara nikāya*. Wisdom.

Working with Dreams: Our Everyday Non-Ordinary State

Deirdre Barrett, PhD

Dreams are simply our brain continuing to think about our usual hopes and concerns in a very different physiologic state. Because that state is more visual and emotional but less linear, logical and verbal, dreamers may arrive at very different ideas than when awake. Evidence-based research has demonstrated that structured, non-directive discussion of dreams facilitates positive outcomes in psychotherapy.

This presentation will cover three of the most commonly used techniques for working with dreams: the dream interview, group dreamwork, and bedtime dream incubation. For each of these, short clinical examples will be presented, including some using dreams about the COVID-19 pandemic—a frequent dream topic this past year.

Following this session, participants will be able to:

1. Introduce dreamwork into their own therapy practice
2. Ask non-leading questions that help clients understand metaphors in their dreams.
3. Instruct clients on how to phrase dream incubation intent.
4. Help clients to decrease repetitive anxiety dreams.

Reading List:

Barrett, D. L. (2020) *Pandemic Dreams*, Oneiroi Press.

Barrett, D. L. (2001/hardback, 2010/revised paper) The Committee of Sleep: How Artists, Scientists, and Athletes Use their Dreams for Creative Problem Solving—and How You Can Too. NY: Random House.

Hill, C. E., Diemer, R. A., & Heaton, K. J. (1997). Dream interpretation sessions: Who volunteers, who benefits, and what volunteer clients view as most and least helpful. *Journal of Counseling Psychology*, 44(1), 53.

Hill, C. E., Diemer, R., Hess, S., Hillyer, A., & Seeman, R. (1993). Are the effects of dream interpretation on session quality, insight, and emotions due to the dream itself, to projection, or to the interpretation process?. *Dreaming*, 3(4), 269.

Ullman, M., & Zimmerman, N. (2017). *Working with dreams*. Routledge.

Expanding Consciousness through Holotropic Breathing

Nicholas Luchetti, MS and Inna Khazan, PhD, BCB

In this course we will learn about Holotropic Breathwork, a method for accessing non-ordinary states of consciousness without substances. Developed by the pioneering psychedelic researcher Dr. Stanislav Grof, this breathing method offers an accessible methodology that can also assist in training of facilitators and can serve as a compliment to psychedelic work. We will explore the development of this approach, as well as the underlying theory and core elements of the practice. In particular we will examine methods of harm reduction and integration associated with this work. We will also discuss the contributions of this approach to the topic of non-ordinary states and their relationship to psychotherapy and contemplative practice.

The second part of this talk will focus on the physiology of Holotropic Breathwork, effects of this practice on the body and the brain, as well as safety considerations. We will review physiology of normal breathing and physiology of overbreathing, which constitutes a significant part of Holotropic Breathwork. Due to the effects of overbreathing on the brain and the body, Holotropic Breathing is contraindicated for people experiencing a number of medical conditions. Understanding the physiological effects of Holotropic Breathwork will enable the practitioner to apply it safely and be prepared for potential unintended effects.

Following this session, participants will:

1. Understand the historical development and significance of Holotropic Breathwork
2. Be able to articulate Holotropic Breathwork theory and practice
3. Discuss physiology of Holotropic Breathwork
4. Identify conditions which are contraindicated for Holotropic Breathwork

Reading List:

- Khazan, I. Z. (2019). *Biofeedback and Mindfulness in Everyday Life: Practical solutions for improving your health and performance*. New York, NY: W. W. Norton and Co, Inc.
- Khazan, I. (2018). Breathing, Overbreathing, and Mindfulness. *Biofeedback*, 46(2).
- Laffey, J. G., & Kavanagh, B. P. (2002). Hypocapnia. *New England Journal of Medicine*, 347(1), 43-53.
- Miller, T., & Nielsen, L. (2015). Measure of Significance of Holotropic Breathwork in the Development of Self-Awareness. *Journal of alternative and complementary medicine (New York, N.Y.)*, 21(12), 796–803. <https://doi.org/10.1089/acm.2014.0297>.
- Rhinewine, J. P., & Williams, O. J. (2007). Holotropic breathwork: The potential role of a prolonged, voluntary hyperventilation procedure as an adjunct to psychotherapy. *The Journal of Alternative and Complementary Medicine*, 13(7), 771-776.

Hypnosis: The Clinical Applications of Absorption

Carol Ginandes, PhD, ABPP

Although clinical hypnosis has been poorly integrated into mainstream medical service delivery, for more than two centuries it has been shown to provide clinical benefits that can augment myriad psychological and medical treatments. In this session, an unfortunate but still prevalent myth about hypnosis that has diminished access to its utilization will be identified. A more accurate characterization of its hallmark elements will be offered. A schematic comparison to meditation and other similar states will also be outlined. Why it is so important for clinicians to be informed about hypnosis and how it is particularly useful in psychotherapy will be discussed. Then the session will overview a wide range of clinical hypnosis applications in psychological, behavioral, and mind/body conditions. Some current trajectories of hypnotic research will be summarized. In addition, a brief experiential exercise will be offered to those who wish to participate.

Following this session, participants will be able to:

1. Discuss the wide range of clinical applications in which hypnosis has been clinically documented to facilitate mind/body treatment.
2. Describe a prevalent myth about hypnosis that has limited access to its integration into medical care.
3. Articulate a difference between clinical hypnosis and the practice of meditation.
4. Identify why it is important for clinicians to be informed about clinical hypnosis.

Reading List:

Elkins, Gary (Ed.) Handbook of Medical and Psychological Hypnosis: Foundations, Applications, and Professional Issues. Springer (2016).

Ginandes CS, Rosenthal DI. (1999) Using Hypnosis to Accelerate the Healing of Bone Fractures. *Alternative Therapies in Health and Medicine*; 5(2): 67-75.

Ginandes, C (2002). Extended Strategic Therapy for Recalcitrant Mind/Body Healing: An Integrative Model. *American Journal of Clinical Hypnosis*,45(2): 91-102.

Ginandes C, Brooks P, Sando W, Jones C, Aker J.(2003) Can medical hypnosis accelerate post-surgical wound healing? Results of a clinical trial. *American Journal of Clinical Hypnosis*. 45(4):333-51.

Ginandes C (2006). " Six Players on the Inner Stage: Using Ego State Therapy with the Medically Ill". *International Journal of Clinical and Experimental Hypnosis*, 54(2):113-129.

Ginandes, C (2017). Staying the Course: Using Hypnosis to Help Cancer Patients Navigate Their Illness. *American Journal of Clinical Hypnosis*, 60(1)1, 85-102.

Yapko, Michael, Mindfulness and Hypnosis: W.W. Norton (2011).

Yapko, Michael, Trancework: An Introduction to the Practice of Clinical Hypnosis. 5th Edition. Routledge, NY (2018).

Frontiers of Consciousness Exploration: Perspectives from Psilocybin Research

William A. Richards, PhD

With a focus on psilocybin research, this presentation will describe current understandings concerning the potential role of psychedelics in accelerating psychotherapy and contributing to spiritual development. Principles of maximizing safety and efficacy will be discussed along with theoretical orientations that may promote their integration into palliative and mental-health care. The definition and relevance of different states of consciousness will be considered, especially those of an archetypal and mystical nature.

Following this session, participants will be able to:

1. Appreciate the importance of set, setting and dosage in enhancing the safety and therapeutic efficacy of psychedelic-assisted exploration of consciousness.
2. Comprehend the variety of alternative states of awareness facilitated by psychedelic administration (and meditative procedures).
3. Define “mystical consciousness” as employed in psychedelic research and better understand its potential contribution in psychotherapy and spiritual development.

Reading List:

- Richards, William A. (2016), Sacred Knowledge: *Psychedelics and Religious Experiences*, Columbia University Press.
- Richards, W.A. (2021), Mystical/Religious Experiences with Psychedelics, *Handbook of Medical Hallucinogens*, eds. J. Grigsby & C. Grob, Guilford Press, 529-535.
- Garcia-Romeu, A. & Richards, W.A., (2018), Current Perspectives on Psychedelic Therapy: Use of serotonergic hallucinogens in clinical interventions, *International Review of Psychiatry* 30(4), 291-316.
- Griffiths, R.R., Johnson, M.W., Richards, W.A., Richards, B.D., Jesse, R., MacLean, K.A., Barrett, F.S., Cosimano, M. & Klinedinst, M.A. (2017), Psilocybin-occasioned mystical-type experiences in combination with meditation and other spiritual practices produces enduring positive changes in psychological functioning and trait measures of prosocial attitudes and behavior, *Journal of Psychopharmacology* 32, 1, 49-69.
- Richards, W.A. (2017), Psychedelic Psychotherapy: Insights from 25 Years of Research, *Journal of Humanistic Psychology*, 57 (4), 323-337.
- Richards, W.A. (2014), Here and Now: Discovering the Sacred with Entheogens, *Zygon*, 40:3, 652-665.
- Griffiths, R.R., Johnson M.W., Carducci, M.A., Umbricht, A., Richards, W.A., Richards, B.D., Cosimano, M.P. & Klinedinst, M.A. (2016), Psilocybin produces substantial and sustained decreases in depression and anxiety in patients with life-threatening cancer: A randomized double-blind trial, *Journal of Psychopharmacology*, 30, 1181-1197.
- Richards, W.A. (2009), The rebirth of research with entheogens: Lessons from the past and hypotheses for the future. *Journal of Transpersonal Psychology*, 41 (2), 139-150.

Clinical and Transformative Aspects of Ketamine Assisted Psychotherapy

Elizabeth Call, PsyD

Susan Walker, MD

Ketamine is one of a number of medicines that are being investigated to assist clients in accessing transformative and healing states in order to process traumatic and charged memories. Despite its reputation as a club drug with potential for abuse, ketamine is the only psychedelic that is not classified by the Drug Enforcement Agency as schedule 1 (of high abuse potential and no medical use). Ketamine is classified as a schedule 3 drug, allowing its off-label use for Ketamine Assisted Psychotherapy.

Ketamine works at the NMDA receptor which plays an important role in synaptic signaling, plasticity, learning, memory, and cell survival. Downstream effects facilitating immediate synaptogenesis may help explain why ketamine may be particularly suited in combination with psychotherapy (Hasler, 2020).

Ketamine quiets sensory input and can put people into an expansive, transpersonal space. Low dose ketamine offers a loosening of defenses, a detached yet positive state of consciousness, nonjudgmental awareness, verbal responsiveness, mental calmness, and an empathogenic (heart opening) state, which can be conducive to psychotherapy. Higher doses (still 6-10 times less than what is used in general anesthesia) offer the opportunity for transpersonal, spiritual, and mystical experiences and a direct experience of being connected to something larger than ourselves.

Following this session, participants will be able to:

1. Imagine the progression of a treatment session and the course of treatment using KAP
2. Describe benefits of KAP and its signature effect
3. Understand the role and importance of integration
4. Define key concepts in medicine assisted psychotherapy

Reading List:

Here is an article list from the Kriya institute website <https://www.kriyainstitute.com/reading/> (they have many including those listed below regarding combining Ketamine with psychotherapy):

Dore, J., Turnipseed, B., Dwyer, S., Turnipseed, A., Andries, J., Ascani, G., Monnette, C., Huidekoper, A., Strauss, N., & Wolfson, P. (2019). Ketamine assisted psychotherapy (KAP): Patient demographics, clinical data and outcomes in three large practices administering ketamine

- with psychotherapy, *Journal of Psychoactive Drugs*, 51(2), 189-198.
doi:10.1080/02791072.2019.1587556.
<https://www.tandfonline.com/doi/full/10.1080/02791072.2019.1587556>.
- Gold, V. & Sienknecht, E. (2020) Ketamine-assisted psychotherapy online? Psychedelic Support, 06/19/2020. www.psychedelicsupport.com/resources/ketamine-assisted-psychotherapy-online/.
- Greenway, K. T., Garel, N., Jerome, L. & Feduccia, A. (2020). Integrating psychotherapy and psychopharmacology: Psychedelic-assisted psychotherapy and other combined treatments. *Expert Review of Clinical Pharmacology*.
<https://doi.org/10.1080/17512433.2020.1772054>
- Katzman, J. (2018). Rapid depression remission and the “therapeutic bends” with ketamine-assisted psychotherapy. *Psychedelics Today*. <https://www.healingrealmscenter.com/blog/rapid-depression-remission-and-the-therapeutic-bends>.
- Kolp, E., Young, S. M., Freidman, H., Krupitsky, E., Jansen, K., & O’Connor, L. (2007). Ketamine-enhanced psychotherapy: Preliminary clinical observations on its effects in treating death anxiety. *International Journal of Transpersonal Studies*, 26(1), 1–17.
<http://dx.doi.org/10.24972/ijts.2007.26.1.1>.
- Wilkinson, S. T., Wright, D., Fasula, M. K., Fenton, L., Griep, M., Ostroff, R. B., & Sanacora, G. (2017). Cognitive behavior therapy may sustain antidepressant effects of intravenous ketamine in treatment-resistant depression. *Psychotherapy and Psychosomatics*, 86(3), 162–167. doi: 10.1159/000457960. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5516265/>.
- Other articles:
- Hasler G. Toward specific ways to combine ketamine and psychotherapy in treating depression. *CNS Spectr*. 2020 Jun;25(3):445-447. doi: 10.1017/S1092852919001007. Epub 2019 Jun 19. PMID: 31213212.
- Sanacora G, Frye MA, McDonald W, et al. A Consensus Statement on the Use of Ketamine in the Treatment of Mood Disorders. *JAMA Psychiatry*. 2017;74(4):399-405.
- Vollenweider, F., Kometer, M. The neurobiology of psychedelic drugs: implications for the treatment of mood disorders. *Nat Rev Neurosci* 11, 642–651 (2010). <https://doi.org/10.1038/nrn2884>.
- Zarate CA Jr, Singh JB, Carlson PJ, Brutsche NE, Ameli R, Luckenbaugh DA, Charney DS, Manji HK. A randomized trial of an N-methyl-D-aspartate antagonist in treatment-resistant major depression. *Arch Gen Psychiatry*. 2006 Aug;63(8):856-64. doi: 10.1001/archpsyc.63.8.856. PMID: 16894061.

Books:

- Wolfson, P. & Hartelius, G. (2016). *The Ketamine Papers: Science, Therapy, and Transformation*. Multidisciplinary Association for Psychedelic Studies. <https://www.amazon.com/Ketamine-Papers-Edited-Phil-Wolfson/dp/0998276502>.
- Grob, C. & Grigsby, J. (Eds.). (2021). *Handbook of Medical Hallucinogens*. Guilford Press. <https://www.guilford.com/books/Handbook-of-Medical-Hallucinogens/Grob-Grigsby/9781462545445>.
- Pollan, M. (2018). *How to Change Your Mind: What the New Science of Psychedelics Teaches Us About Consciousness, Dying, Addiction, Depression, and Transcendence*. Penguin Press. <https://www.amazon.com/Change-Your-Mind-Consciousness-Transcendence/dp/1594204225>
- Richards, W. (2015). *Sacred Knowledge: Psychedelics and Religious Experiences*. Columbia University Press. <https://www.amazon.com/Sacred-Knowledge-Psychedelics-Religious-Experiences/dp/0231174063>.
- James, W. (2004.) *The Varieties of Religious Experience*. Barnes & Noble. <https://www.barnesandnoble.com/w/the-varieties-of-religious-experience-william-james/1116756373>.
- Ecker, B., Tadic, R., & Hulley, L. (2012). *Unlocking the Emotional Brain: Eliminating Symptoms at Their Roots Using Memory Reconsolidation*. Routledge. https://www.amazon.com/Unlocking-Emotional-Brain-Eliminating-Reconsolidation-dp-0415897173/dp/0415897173/ref=mt_other?_encoding=UTF8&me=&qid=https://www.coherencetherapy.org/files/Ecker-et-al-NPT2013April-Primer.pdf
- Grof, S. (2019). *The Way of the Psychonaut Volume One and Two: Encyclopedia for Inner Journeys*. Multidisciplinary Association for Psychedelic Studies. <https://www.amazon.com/Way-Psychnaut-One-Encyclopedia-Journeys-ebook/dp/B07TBPZFT1>
- Ostaseski, F. (2017). *The Five Invitations: Discovering What Death Can Teach Us About Living Fully*. Flatiron Books. https://www.amazon.com/Five-Invitations-Discovering-Death-Living-ebook/dp/B01KTBCZD4/ref=sr_1_1?crid=S2UT0TTYOYH8&dchild=1&keywords=the+five+invitations&qid=1614721599&s=digital-text&srefix=the+five+inv%2Cdigital-text%2C154&sr=1-1

MDMA-Assisted Psychotherapy for PTSD: Clinical and Contemplative Aspects

James W. Hopper, PhD

Current pharmacological and behavioral interventions for posttraumatic stress disorder (PTSD) have limited efficacy and durability of outcomes. MDMA-Assisted Therapy (MDMA-AT) involves administration of a medicine that elicits expanded states of consciousness to facilitate therapeutic change within a “massed” 16-week protocol that includes three eight-hour “medicine-assisted” sessions. Phase 2 trials and the first phase 3 trial have yielded large and enduring PTSD symptom reductions with very large effect sizes. This presentation describes the overall approach of this medicine-assisted therapy, including its non-directive nature and guiding principle of supporting clients to access their own “inner healing intelligence.” It also explains and gives examples of how elements of several therapy models spontaneously emerge during medicine-assisted sessions, and how contemplative experiences, capacities and processes can be strongly accessed during medicine-assisted sessions and the “integration” process.

Following this session, participants will be able to:

1. Articulate the core principles of MDMA-AT
2. Name aspects of multiple therapeutic models that can emerge spontaneously in medicine-assisted sessions of MDMA-AT
3. Describe how contemplative capacities, experiences, and processes can spontaneously emerge within and across MDMA-AT medicine sessions.
4. Explain how multiple therapeutic models and contemplative practices can be flexibly utilized in the MDMA-AT integration process.

Reading List:

- Gorman, I., Belser, A. B., Jerome, L., Hennigan, C., Shechet, B., Hamilton, S., Yazar-Klosinski, B., Emerson, A., & Feduccia, A. A. (2020). Posttraumatic growth after MDMA-assisted psychotherapy for posttraumatic stress Disorder. *Journal of Traumatic Stress, 33*(2), 161-170.
- Jerome, L., Feduccia, A. A., Wang, J. B., Hamilton, S., Yazar-Klosinski, B., Emerson, A., Mithoefer, M. C., & Doblin, R. (2020). Long-term follow-up outcomes of MDMA-assisted psychotherapy for treatment of PTSD: a longitudinal pooled analysis of six phase 2 trials. *Psychopharmacology, 237*, 2485-2497.
- Marseille, E., Kahn, J. G., Yazar-Klosinski, B., & Doblin, R. (2020) The cost-effectiveness of MDMA-assisted psychotherapy for the treatment of chronic, treatment-resistant PTSD. *PLoS ONE, 15*(10):e0239997.

- Mithoefer, M. (2013). MDMA-assisted psychotherapy: How different is it from other psychotherapy? *MAPS Bulletin Special Edition, 23(1)*, 10-14. Available at: https://maps.org/news-letters/v23n1/v23n1_p10-14.pdf.
- Mithoefer, M. C., Feduccia, A. A., Jerome, L., Mithoefer, A., Wagner, M., Walsh, Z., Hamilton, S., Yazar-Klosinski, B., Emerson, A. 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*, 2735-2745.
- Mithoefer, M. C., Wagner, M. T., Mithoefer, A. T., Jerome, L., & Doblin, R. (2011). The safety and efficacy of \pm 3,4-methylenedioxyamphetamine-assisted psychotherapy in subjects with chronic, treatment-resistant posttraumatic stress disorder: The first randomized controlled pilot study. *Journal of Psychopharmacology, 25*, 439–452.
- Mithoefer, M. C., Wagner, M. T., Mithoefer, A. T., Jerome, L., Martin, S. F., Yazar-Klosinski, B., Michel, Y., Brewerton, T. D., & Doblin, R. (2012). Durability of improvement in post-traumatic stress disorder symptoms and absence of harmful effects or drug dependency after 3,4-methylenedioxyamphetamine-assisted psychotherapy: A prospective long-term follow-up study. *Journal of Psychopharmacology, 27*, 28–39.
- Shroder, T. (2015). *Acid Test: LSD, Ecstasy, and the Power to Heal*. NY: Plume.

Letting Go: Common Elements in Psychedelics, Meditation, and Depth Psychology

Paul Summergrad, MD, FRCPsych (Hon)

Meditation, Psychedelics, and Depth Psychology are among many traditional means by which persons in variety of cultures have undergone transformational experiences. They share some common elements associated with changes in self object experiences, fluidity and attachment to mental states including thoughts and emotions, and in more intensive experiences changed or reorganized mental states. Some of these may also occur in the experience of some psychiatric illnesses as well as in common mental states such as dreaming.

Following this session, participants will be able to:

1. Identify types of mental activities or interventions associated with the letting go experience
2. Be aware of data on use of psychedelic agents in formal research studies including issues of risk and diversity of data
3. Understand common experiences of change and transformation associated with different clinical and traditional practices
4. Understand limits of our current knowledge

Reading and Media List:

End of Life Care and Psychedelics

Ross S, et al. *J Psychopharmacol*. 2016;30(12):1165-1180.

Griffiths RR, et al. *J Psychopharmacol*. 2016;30(12):1181-1197.

Commentary on Ross and Griffiths

Summergrad P, Psilocybin in end of life care: implications for research *Journal of*

Psychopharmacology 2016, Vol. 30(12) 1203–1204. DOI: 10.1177/0269881116675758.

Meditation

Practicing for Awakening, 1998. Jack Engler. <https://www.buddhisticinquiry.org/article/practicing-for-awakening/>.

Practicing for Awakening Part 2, 1999. Jack Engler. <https://www.buddhisticinquiry.org/article/practicing-for-awakening-part-2/>.

Psychedelic agents as treatments: Psilocybin

Carhart-Harris RL, et. al., *Lancet Psychiatry*. 2016;3(7):619-627.

Carhart-Harris RL, et.al., *N Engl J Med* 2021; 384:1402-1411.

Non-Psychedelic Agents as Treatments; MDMA

Mithoefer MD, et al. *Lancet Psychiatry*. 2018;5(6):486-497.

Video on meditation depth psychology and psychedelics

Conversation with Ram Dass, 2014. Ram Dass and Paul Summergrad. <https://youtu.be/NhITrDIOcrQ>.

Learning Psychedelic-Assisted Therapy

Janis Phelps, PhD

The need for more effective treatments of mental health issues is a nationally recognized challenge in psychiatry and psychology. Research findings strongly support the efficacy of psychedelic medicines for several clinical symptomologies. Clinical trials are underway in the US, Canada, UK and EU that will likely result in the availability of MDMA and psilocybin for legal use in US medical clinics for PTSD and depression, respectively, within 2 to 4 years.

There is a national need to train medical and mental health professionals who are preparing for the possibility of conducting psychedelic-assisted psychotherapy. The presentation will discuss best practices in training these clinicians. Dr. Janis Phelps developed the training program at CIIS in collaboration with researchers and practitioners from MAPS, the Heffter Research Institute, and the Usona Institute. CIIS is highly successful as the first academically accredited certificate program for licensed medical and mental professionals, where they learn the full range of psychedelic-assisted therapy and research. The presentation will offer an overview of curricular foci for ideal professional psychedelic training programs, including neuropharmacology and research foundations, global transformational traditions, mindfulness practices, therapist competencies, and en vivo instruction. An engaging discussion will follow the presentation on questions of the demand for such training for licensed psychotherapists and medical professionals, the crucial need for harm reduction education in areas where psychoactive plants have been decriminalized, and how psychedelic medicines may very well fit within the newest innovations in the mental health field.

Following this session, participants will be able to:

1. Analyze 3 or more similarities and differences in therapist competencies for psychedelic-assisted interventions vs. traditional talk therapies.
2. State 1-2 therapist competencies that relate to the need for skills and grounding in mindfulness practices in this field.
3. Compare 2 or more key therapeutic measures needed in this clinical specialty to optimize a positive clinical outcome.
4. Analyze 1-2 risk mitigation strategies that are central to conducting psychedelic-assisted psychotherapy.

Reading List:

- Garcia-Romeu, A. and Richards, W. (2018). Current perspectives on psychedelic therapy: Use of serotonergic hallucinogens in clinical interventions. *International Review of Psychiatry*, 30(4), 1369-1627.
- Jerome, L., et al. (2020). Long-term follow-up outcomes of MDMA-assisted psychotherapy for treatment of PTSD: A longitudinal pooled analysis of six phase 2 trials. *Psychopharmacology*, 237(8), 2485-2497. doi: [10.1007/s00213-020-05548-2](https://doi.org/10.1007/s00213-020-05548-2)
- Phelps, J. (2017). Developing guidelines and competencies for the training of psychedelic therapists. *Journal of Humanistic Psychology*, 57(5), 450-487. doi: [10.1177/0022167817711304](https://doi.org/10.1177/0022167817711304)
- Phelps (2021). *Required and Recommended Textbook List for the CIIS/CPTR Certificate Program*. San Francisco: CIIS.

A Psychodynamic Approach to Working with Non-Ordinary States of Consciousness in Theory and Practice

Michael D. Alpert, MD

Psychedelic-assisted therapies have demonstrated remarkable efficacy in small and large-scale clinical trials for the treatment of mental illness. This presentation explores the relationship between well-established forms of non-directive psychotherapy and psychedelic-assisted treatments, particularly those forms of therapy that focus on helping patients feel more authentic and become more fully alive. Drawing on the theoretical approaches of ontological psychoanalysis and intersubjectivity as well as deidentified case examples, this presentation will discuss the role of play, creativity, relaxation, and the patient-therapist connection in the clinical use of MDMA and ketamine-assisted therapy.

Following this session, participants will be able to:

1. Understand the difference between epistemological (knowing and understanding) and ontological (being and becoming) therapeutic approaches.
2. Appreciate the potential role of psychodynamic approaches in psychedelic-assisted therapy.
3. Understand the differences between how psychodynamic theory is applied in standard treatment in comparison to psychedelic-assisted therapy sessions.
4. Appreciate the ways that psychodynamic approaches can help to shape future directions in psychedelic research.

Reading List:

Ferro, Antonino. "Clinical implications of Bion's thought." *The International Journal of Psychoanalysis* 87.4 (2006): 989-1003.

Ogden, Thomas, H. "The analytic third: Working with intersubjective clinical facts." *International Journal of Psycho-Analysis* 75 (1994): 3-19.

Ogden, Thomas H. "Ontological psychoanalysis or "what do you want to be when you grow up?":" *The Psychoanalytic Quarterly* 88.4 (2019): 661-684.

Winnicott, Donald Woods. *The maturational processes and the facilitating environment: Studies in the theory of emotional development*. New York: International Universities Press, 1965.

Winnicott, Donald Woods. *Playing and reality*. Psychology Press, 1991.

Psychotherapy and the Integration of Non-Ordinary States

Francis Guerriero, MA, LICSW

Psychedelic-assisted psychotherapy is the next burgeoning wave in the field of psychotherapy. With the increased popularization and decriminalization of psychedelics, more people are likely to be seeking professional support around their personal experiences with psychedelic-induced non-ordinary states. Integration is the practice of transmuting these transient states into sustainable traits. It involves identifying change phenomena catalysed by these experiences (insights, meaning, and motivational shifts) and translating them into applied behavioral alterations. It is the process of consciously exploring and intentionally applying, to our daily lives, the learning, growth and healing that emerges from these expanded states.

Following this session, participants will be able to:

1. Articulate the importance of integration work in psychedelic-assisted therapies
2. Identify characteristics and evidence of client integration phenomena
3. Name common principles and practices of integration work
4. Begin developing their own repertoire of integration practices

Reading List:

- Bourzat, F. & Hunter, K. (2019). *Consciousness Medicine: Indigenous wisdom, entheogens, and expanded states of consciousness for healing and growth*. North Atlantic Books.
- Bryant, F.B. & Veroff, J. (2007). *Savoring: A new model of positive experiencing*. Lawrence Erlbaum Associates, Inc.
- Maslow, A. (2014). *Toward a Psychology of Being*. Sublime Books.
- Metzner, R. (2015). *Allies for Awakening: Guidelines for productive and safe experiences with entheogens*. Regent Press.
- Roberts, T. B. (Ed). (2012). *Spiritual growth with entheogens: psychoactive sacramentals and human transformation*. Park Street Press.

Visions for the Future of Psychedelics

Franklin King IV, MD

As major academic medical centers and for-profit investor groups turn their attention toward psychedelics, largely for their use in the alleviation of symptoms of anxiety, depression, trauma, and substance use disorders, there remains a lack of consensus on how psychedelics are to be applied, for what goal, and to whom the responsibility for their access to various populations should belong. Furthermore, as a nascent field (at least within medicine), there is also little consensus on the ideal therapy structure and whether the effects of psychedelic-assisted therapies might be further optimized. This exploratory talk will review recent developments in psychedelics at an institutional level, explore some of the challenges psychedelics may face within the psychiatric and broader medical community, and discuss ways in which psychedelic research might be directed to achieve maximal benefit by considering integration of these medicines into other western as well as non-western traditions.

Following this session, participants will be able to:

1. Identify ancillary and complimentary approaches that might yield additional benefit within psychedelic-assisted therapy programs
2. Understand ways in which the current structure of research may be leading to a narrower-than-necessary approach to forming the new field of psychedelic medicine
3. Identify challenges to broader acceptance and understanding of psychedelic-assisted therapy within medicine.

Reading List:

- Trope, A., et al. (2019). "Psychedelic-Assisted Group Therapy: A Systematic Review." J Psychoactive Drugs **51**(2): 174-188.
- Anderson, B. T., et al. (2020). "Psychedelic medicine: safety and ethical concerns." Lancet Psychiatry **7**(10): 829-830.
- Johnson, M., et al. (2008). "Human hallucinogen research: guidelines for safety." J Psychopharmacol **22**(6): 603-620.

Upcoming CHA Courses

Save the Dates for our 2021/2022 Courses:

Sep 24 – Oct 22, 2021	Sex, Sexuality and Gender webinar series (<i>New format!</i> Live stream only)
Nov 5-6, 2021	Treating Couples (Live stream only)
Nov 12-13, 2021	Traumatic Stress (Live stream only)
Feb 4-5, 2022	School Mental Health (Fairmont Copley Plaza Hotel, Boston)
Mar 4-5, 2022	Treating the Addictions (Fairmont Copley Plaza Hotel, Boston)
Apr 1-2, 2022	The Age of Anxiety (Hyatt Downtown Crossing Hotel, Boston)
May 6-7, 2022	Meditation and Psychotherapy (Hyatt Downtown Crossing Hotel, Boston)

For full and up-to-date course details, to register, or join our mailing list and receive periodic email updates, please visit www.cambridgecme.org.

Thank you and hope to see you at a future CHA course!