

Psychedelic-assisted psychotherapy: short- term treatment, long- term results



**ASSIGN
BUSTER**

Psychedelic-Assisted Psychotherapy: Short-term Treatment, Long-term Results

Introduction

Psychodynamically-focused social work programs, such as Smith SSW, teach students how to provide psychotherapy with an emphasis on long-term treatment. We often speak about the therapeutic relationship, rapport, and therapeutic alliance between therapist and client—all of which imply something forged over time. At present, long-term relationships between client and therapist are the norm when one thinks of therapy.

Unfortunately, it seems as though mental health services are being pushed toward being more short-term-focused. Insurance companies are becoming less and less willing to support their customers' long-term treatments if short-term treatments produce similar measurable results.

Under our current system, insurance companies are unlikely to be swayed to become more receptive to long-term treatment. Therefore, it is important for clinicians to be proactive and look into short-term treatment frameworks that not only produce measurable results, but also produce the long-term quality-of-life results that we see from long-term psychotherapy treatment. In particular, one option that has shown promise for future mental health treatment is the use of psychedelic drugs in psychotherapy sessions. This area is just starting to break into the mainstream, with many institutions conducting studies on the efficacy and ethics of conducting psychotherapy with a client who is under the influence of a mind-altering substance.

Literature Review

Research around psychedelics in psychotherapy is ramping up—a few universities have secured federal grants, and organizations like the Multidisciplinary Association for Psychedelic Studies (MAPS) are experiencing widespread financial support from private donors. Even the U. S. Food and Drug Administration (FDA), after years of resistance toward the topic, is actually getting praise for its recent timely approvals of drug trials for psychedelic compounds.

In my search for data, I found that three psychedelic compounds tend to be the most researched in the field of mental health: psilocybin (from “ magic mushrooms”), LSD (more commonly known as “ acid”), and MDMA (the main active ingredient in the illicit party drug “ extasy”). I will be focusing on psilocybin and MDMA. The most common mental health problems that these drugs are used to treat are treatment-resistant depression, addiction, end-of-life anxiety (in terminally ill patients), and PTSD; there is much overlap in terms of which drugs are used to treat which conditions. So far, in all of these areas, the results look overwhelmingly positive. When we take into account the fact that most of the following studies only involved between 1 and 3 treatments, as well as the fact that the vast majority of participants report no adverse effects, psychedelics show promise in being a part of effective and ethical treatment.

Psilocybin

Psilocybin is the only naturally-occurring chemical of the three I listed; LSD and MDMA are synthetic. Therefore, psilocybin has a much longer history of

<https://assignbuster.com/psychedelic-assisted-psychotherapy-short-term-treatment-long-term-results/>

use across cultures. It was often (and still is) administered by a shaman or similar figure who guides the user through the psychedelic experience, whether it be for spiritual enlightenment, a coming-of-age vision quest, or general insight. Perhaps because of its cultural prominence and the general public's familiarity with (and affinity for) psilocybin, this substance is the most widely-researched psychedelic drug for mental health purposes. It seems to be versatile, showing promise for applications in various settings. The most recent psilocybin research focuses on treatment-resistant depression.

Carhart-Harris et al. (2016) conducted a preliminary study with 12 participants who suffered from treatment-resistant depression. The participants were given a high dose of psilocybin, and then underwent psychotherapy by trained clinicians. One week after treatment, 8 of these participants (67%) had lower scores on the Beck Depression Inventory (the lower the score, the less depression), with 7 of them meeting criteria for remission. Three months after treatment, 7 of the patients (58%) still scored significantly lower than their previously-established baseline.

Even more recently, Malone et al. (2018) conducted a study with patients who had cancer diagnoses and suffered from illness-related anxiety and depression. The authors emphasized the significance of the qualitative data, writing,

These four participants' personal narratives extended beyond the cancer diagnosis itself, frequently revolving around themes of self-compassion and love, acceptance of death, and memories of past trauma, though the specific

<https://assignbuster.com/psychedelic-assisted-psychotherapy-short-term-treatment-long-term-results/>

details or narrative content differ substantially. The results presented here demonstrate the personalized nature of the subjective experiences elicited through treatment with psilocybin, particularly with respect to the spiritual and/or psychological needs of each patient. (p. 1)

MDMA

In recreational users, MDMA is known to produce feelings of interrelatedness, sensory excitation, and, well, ecstasy. But it's now being used in the clinical setting to treat symptoms of post-traumatic stress disorder (PTSD).

Mithoefer et al. (2013) conducted a long-term follow-up study of individuals who had participated in MDMA-assisted psychotherapy a decade prior to treat symptoms of PTSD. All 16 participants showed benefits two months after their session according to the clinician-administered PTSD scale (CAPS) (Weathers, 2001), with only two of them relapsing during that time. Ten years later, participants were administered the same CAPS by the same clinician as before, as well as a long-term follow-up questionnaire (MAPS, 2009). Their scores stayed remarkably stable, indicating beneficial long-term effects of MDMA-assisted psychotherapy. Furthermore, only one participant reported using ecstasy after the study. He had attempted to recreate the therapeutic intervention, using a friend in place of a therapist. His results were unsatisfactory and he never tried MDMA again. This shows the importance of having a trained supervising clinician, and also suggests that there is little risk that participants will seek further drug use after treatment.

Formulation

Most of the literature surrounding the topic of psychedelic-assisted psychotherapy focuses on symptoms of depression, anxiety, and PTSD, with significant results. I propose a study that looks into the effects of psilocybin-assisted psychotherapy in the treatment of obsessive-compulsive disorder (OCD).

Research question: Can short-term psilocybin-assisted psychotherapy achieve results in treating OCD that are comparable or superior to other modalities of treatment, such as cognitive-behavioral therapy and SSRI medications?

This would be an exploratory study. It would serve two main purposes: finding out if OCD patients need similar doses of psilocybin as participants with other mental disorders, and finding out which psychotherapy framework produces the most favorable results in this type of setting with this type of disorder.

A potential ethical issue exists in the use of psychedelic drugs such as psilocybin: the psychedelic experience can be traumatic to the patient if the setting is not well-controlled, or if the therapist has not undergone adequate training for this type of treatment. Therefore it is important that the study takes place in a controlled therapeutic environment with an experienced clinician.

Informed Consent

Information about Study Participation

The purpose of this study is to study the effects of psilocybin-assisted psychotherapy on a patient's experience of OCD symptoms.

If you choose to participate, you will be asked to attend one therapy session, at which time you will be given a capsule containing active psilocybin or a placebo capsule containing saline. After waiting 30 minutes to one hour, you will undergo a 2-hour psychotherapy session with a trained clinician. For your safety, you will be supervised in a comfortable space for approximately four hours after your therapy session until the effects of the drug subside. If you have not arranged a ride home, the research team will arrange one for you.

After this initial treatment, a researcher will contact you by phone to schedule three phone questionnaires to take place two weeks, two months, and one year after treatment.

Eligibility Requirements

Participants must carry a formal diagnosis of obsessive-compulsive disorder and not be in remission. Those with histories of psychotic episodes, drug abuse, or cardiovascular problems will not be admitted. People who are pregnant will also be excluded from participating.

Risks and Benefits

Participants may expect some degree of relief from their symptoms.

Taking a psychedelic substance carries the risk of the participant having an uncomfortable or, in some cases, traumatic experience while under the influence. The researchers have taken all reasonable actions to prevent this,

<https://assignbuster.com/psychedelic-assisted-psychotherapy-short-term-treatment-long-term-results/>

including selecting experienced clinicians as well as creating a therapeutic atmosphere. Should you request it, you will be provided five subsequent counseling sessions at no cost to you.

There may be other ways of treating your condition if you do not want to be in this research study. Check with your health care provider to discuss other options.

Method

Participants

This study involved ten participants, all of whom had been previously diagnosed with obsessive compulsive disorder. Their diagnoses were confirmed using the Yale-Brown Obsessive Compulsive Scale (Y-BOCS)—the widely accepted industry standard in assessing the severity of obsessive compulsive disorder symptoms. Score ranges include 0-7 (subclinical), 8-15 (mild), 16-23 (moderate), 24-31 (severe), and 32-40 (extreme). Every participant scored between 24-31, which is classified as severe OCD. The most notable symptoms included intrusive unwanted thoughts, excessive hand-washing, and repetitive rituals.

The ten participants were split into two groups of five—one group was the experimental group (psychotherapy with the assistance of psilocybin), and the other was the control (psychotherapy without the assistance of psilocybin). The experimental group consisted of two Caucasian males, one African American male, one white female and one Hispanic female. The control group consisted of two Caucasian males, one African American male,

one white female and one African American female. Ages ranged from 20 to 35, with a mean of 26.

This was a convenience sample, as the participants had to seek out the study participation info on the official MAPS website. The sample is biased because the participants had to qualify by having OCD and meeting the aforementioned eligibility requirements. The only incentive the participants were offered was the treatment itself. Clients were notified that they may or may not receive a dose of psilocybin.

In regards to maintaining participants' anonymity, the researchers kept recordings of each psychotherapy session stored on separate thumb drives and put them in a locked filing cabinet in one of the researchers' offices, to which only that researcher had a key. The same protocol was followed for the participants' Y-BOCS assessments, as well as any notes that were taken by the therapists during their sessions. Y-BOCS assessments were destroyed after the data was assessed. The video and audio recordings, as well as the therapists' notes, are not scheduled to be destroyed, in case researchers wish to interpret qualitative data from this study in the future.

Procedures

Participants were assessed for OCD severity using the Y-BOCS. This scale measured things such as time spent on obsessions and compulsions, interference in their daily lives, and distress.

Participants who belonged to the experimental group had their vital signs checked by a physician, and were then administered an oral dose of

<https://assignbuster.com/psychedelic-assisted-psychotherapy-short-term-treatment-long-term-results/>

psilocybin. Doses were based on participants' weights. Participants were then monitored in a safe space for one hour while the psilocybin took effect. Participants' vital signs were then measured again to ensure no dangerous adverse reactions occurred. Participants then spent three hours undergoing psychotherapy with two therapists, while researchers and a medical physician observed through CCTV and audio in a nearby room. Participants were then led to a comfortable room where they were supervised for four hours until the effects of the drug had worn off. Follow-up Y-BOCS were administered six months after treatment by the same clinician as before.

These procedures were identical for the control group, with a placebo pill instead of psilocybin.

Results

Outcomes were measured quantitatively, based solely on the Y-BOCS scores. Six months after treatment, four participants in the experimental group scored between 8-15 on the Y-BOCS, indicating mild OCD, and one scored moderate—a dramatic reduction in symptoms from their “severe” scores before treatment. Of the participants in the control group, two scored between 16-23 (moderate), with the three others scoring severe, just as they did before treatment.

Discussion

The results of this study support the efficacy of psilocybin-assisted psychotherapy for the treatment of OCD. All participants in the experimental

group showed improved symptoms of OCD, while only two of the control participants showed improvement.

This study has several shortcomings. First of all, all of the participants found this study because they frequented the MAPS website, meaning they were already interested in the use of psychedelics to treat mental disorders. This may be responsible for some of the improvement shown in the experimental group, as the participants had likely seen the positive results of other studies about treating other disorders such as depression with psychedelics and expected (and wanted) similar improvement in their own symptoms. This also affects the control group—it is possible that the control participants, knowing that they were not administered the active substance, expected their conditions to stay the same. Additionally, it is not unreasonable to think that the control participants may have felt resentful toward the researchers for not receiving the psilocybin; they then might have intentionally scored similarly to their baselines in an effort to make it clear to the researchers that these participants were not helped. The researchers suggest future studies implement a random sampling method among people who have OCD, preferably recruiting participants who have little to no prior experience with or knowledge of psychedelics.

This study would have benefited from having more participants. In order to keep as many constant factors as possible, the researchers decided to use the same two therapists for every participant. However, since the effects of psilocybin last several hours, this meant that there was only time to process one participant per day. Future studies might explore methods of recruiting multiple pairs of psychotherapists to treat a larger number of participants. If <https://assignbuster.com/psychedelic-assisted-psychotherapy-short-term-treatment-long-term-results/>

this is to be done, future researchers should find or create a method of assessing psychotherapists to ensure that they are all comparable to each other in their treatment modalities, affect and personalities, and prior experiences. A larger sample would also allow for more diversity among participants—another shortcoming of this study. Participants in this study only occupied three ethnic groups—white, black, and Latinx. Obsessive compulsive disorder is known to affect people of all intersectional identities nearly equally, so there is much more to be explored in this area.

Comfortability was also an obstacle in this study. Every participant in the control group expressed that the three-hour psychotherapy session was “ too long,” and many reported that they became unbearably bored and restless during the four-hour period of supervision after the session. This was likely exacerbated by the fact that each participant likely hoped that they would receive psilocybin, and were disappointed that they did not. Participants in the experimental group did not express these concerns.

It is also worth noting that this study only looked at participants who scored “ severe” on the Y-BOCS. It would be worthwhile to repeat this study using participants who fall into the “ extreme” score range.

References

- Carhart-Harris, R. L., Bolstridge, M., Day, C., Rucker, J., Watts, R., Erritzoe, D. E., ... Nutt, D.
- J. (2018). Psilocybin with psychological support for treatment-resistant depression: six-month follow-up. *Psychopharmacology*, 235 (2), 399-408. doi: 10. 1007/s00213-017-4771-x

- Malone, T. C., Mennenga, S. E., Guss, J., Podrebarac, S. K., Owens, L. T., Bossis, A. P., ... Ross, S. (2018). Individual Experiences in Four Cancer Patients Following Psilocybin-Assisted Psychotherapy. *Frontiers in pharmacology*, 9 , 256. doi: 10. 3389/fphar. 2018. 00256
- MAPS (2009) Long-term follow-up questionnaire for phase II study of MDMA-assisted psychotherapy for PTSD. Available at: http://www.maps.org/mdma/LTFU_questionnaire_mp1.pdf.
- Mithoefer, M. C., Wagner, M. T., Mithoefer, A. T., Jerome, L., Martin, S. F., Yazar-Klosinski, B., ... Doblin, R. (2013). Durability of improvement in post-traumatic stress disorder symptoms and absence of harmful effects or drug dependency after 3, 4-methylenedioxymethamphetamine-assisted psychotherapy: a prospective long-term follow-up study. *Journal of psychopharmacology* (Oxford, England), 27(1), 28-39. doi: 10. 1177/0269881112456611
- Weathers FW, Keane TM and Davidson JR (2001) Clinician-administered PTSD scale: A review of the first ten years of research. *Depress Anxiety* 13: 132-156.