

Psychedelische Therapie 2024 – Was gibt es Neues?

**Stand der Forschung –
Sicherheit, Effektivität und
Wirkmechanismen in der Psychotherapie**

Dr. sc. hum. Henrik Jungaberle
MIND Foundation und OVID Clinic Berlin



Interessen(konflikte)

Firmen

- Gründer, Gesellschafter und Geschäftsführer von OVID Health Systems GmbH (for profit)
- Gründer, Gesellschafter und Geschäftsführer der MIND Foundation gGmbH (non-profit)

Beratungsgremien

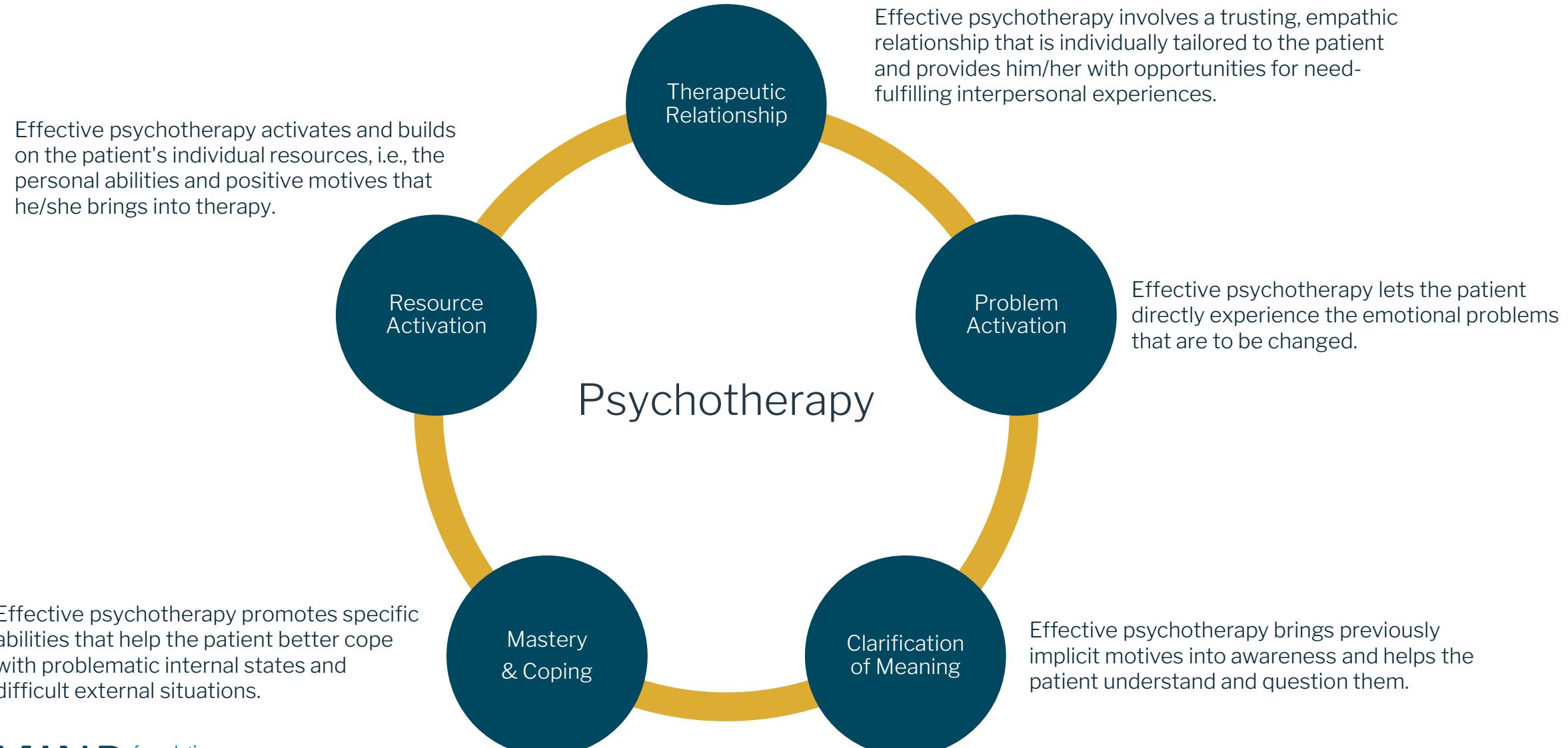
- Wissenschaftlicher Beirat Medical Psychedelics Working Group (UK)
- Wissenschaftlicher Beirat psychedelicsEUROPE (EU)

Inhalt

1. Über uns
2. Psychedelika in Medizin und Psychotherapie - Sicherheit
3. Wirkforschung – Effektivität
4. Prozessforschung – Wie wirkt psychedelische Therapie (vielleicht)?
5. Qualitative Forschung – Patientenzitate aus der EPISODE-Studie
6. Zusammenfassung

Allgemeine Wirkfaktoren (General Change Mechanisms)

- in und jenseits von Psychotherapie



„(...) dass wenn man Depressionen hat, dann ist man so in einem Nebelwald und durch dieses Psilocybin kommt man so ein bisschen drüber und plötzlich hat man so ein bisschen **mehr Ausschau darauf, man weiß, ok, es ist gar nicht so weit weg** aus dem Nebel oder so und man hat diese Perspektive und die fand ich sehr hilfreich, glaube ich, ja, und einfach auch diese **starke Erfahrung der Freude**, die in den Jahren davor vielleicht einfach nicht so da war und das, **sich daran erinnern zu können, okay, das gibt es; das ist als Anhaltspunkt**, wo auch genau. Und als auch, ja vielleicht ist es pathetisch, aber so als **Hoffnungsschimmer** zu wissen, okay, so, diese Freude kannst du fühlen, du hast das Gefühl, das **kannst du auch wieder fühlen, ja**

EPIsoDE-StudienpatientIn (P1, Ros. 200)

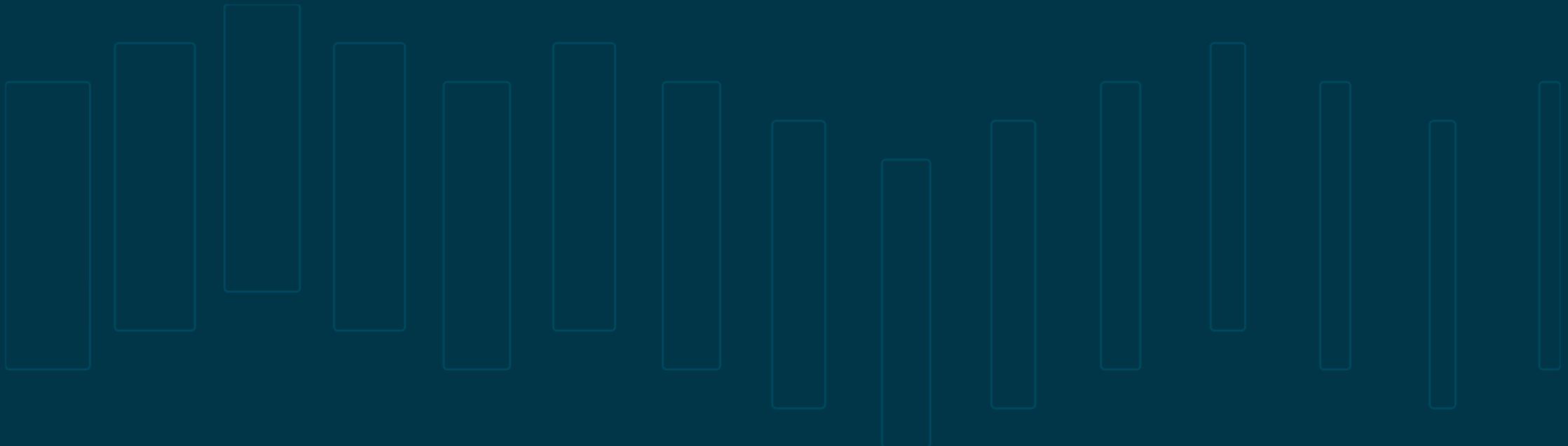


Ressourcenaktivierung

1. Metakognition
2. Stärkung von Veränderungsmotivation
3. Referenzerfahrung für Veränderung eines depressiven Selbstkonzepts/-narrativs
4. Interozeptives Lernen („Wie fühlt sich Freude an?“)

Bewältigungserfahrung (Mastery)

1. Mit negativen Emotionen besser umgehen können



MIND Foundation und OVID Clinic Berlin

Wer wir sind und was wir tun

Die **MIND Foundation** ist eine gemeinnützige Bildungs- und Forschungsorganisation mit Sitz in Berlin.

MIND bietet professionelle Weiterbildungen, Persönlichkeitsentwicklung und Bildungsmöglichkeiten. Wir organisieren die **INSIGHT** - die größte psychedelische Forschungskonferenz in Europa.

insight-conference.eu
mind-foundation.org



Dr. sc. hum. Henrik Jungaberle
CEO of the MIND Foundation,
Medizinpsychologe,
Gesundheitswissenschaftler,
Geschäftsführer MIND und OVID
Health Systems

Dr. med. Andrea Jungaberle
Chefarztin der OVID Clinic Berlin,
Fachärztin Anästhesie, Intensivmedizin
und Notfallmedizin, in Weiterbildung
zur Verhaltenstherapeutin

OVID ist ein Partnerunternehmen von MIND.

Das Ziel von OVID ist es, psychedelische Therapien in das öffentliche Gesundheitssystem zu integrieren. Die **OVID Clinic Berlin** bietet bereits heute Ketamin-unterstützte Psychotherapie bei Depressionen, Angst- und Zwangserkrankungen an und plant 2024 in **Studien** auch Psilocybin, 5-MeO-DMT und LSD anzuwenden.

ovid-clinics.com



Prof. Dr. med. Gerhard Gründer
Facharzt für Psychiatrie und Psychotherapie
Chefarzt der OVID Clinic Berlin, Geschäftsführer von
OVID Health Systems,
Leiter der Klinischen Prüfung EPISODE-Studie
(Psilocybin bei behandlungsresistenter Depression)
am Zentralinstitut für Seelische Gesundheit in
Mannheim,
Psychopharmacologe, Lehrstuhl für Neuroimaging





Celebrating achievements of
MIND Foundation

MIND foundation

7 Anniversary

MIND Foundation gGmbH

gegründet am 26.11.2016 und neugegründet als gGmbH am 20.03.2020

OVID Clinic Berlin GmbH

gegründet als GbR 2021, neugegründet 2022 als GmbH

OVID clinic
berlin

14 Tage 15 Stunden 25 Minuten

**Freuen Sie sich mit uns auf das neue,
umfangreiche Angebot der OVID
Clinic Berlin:**

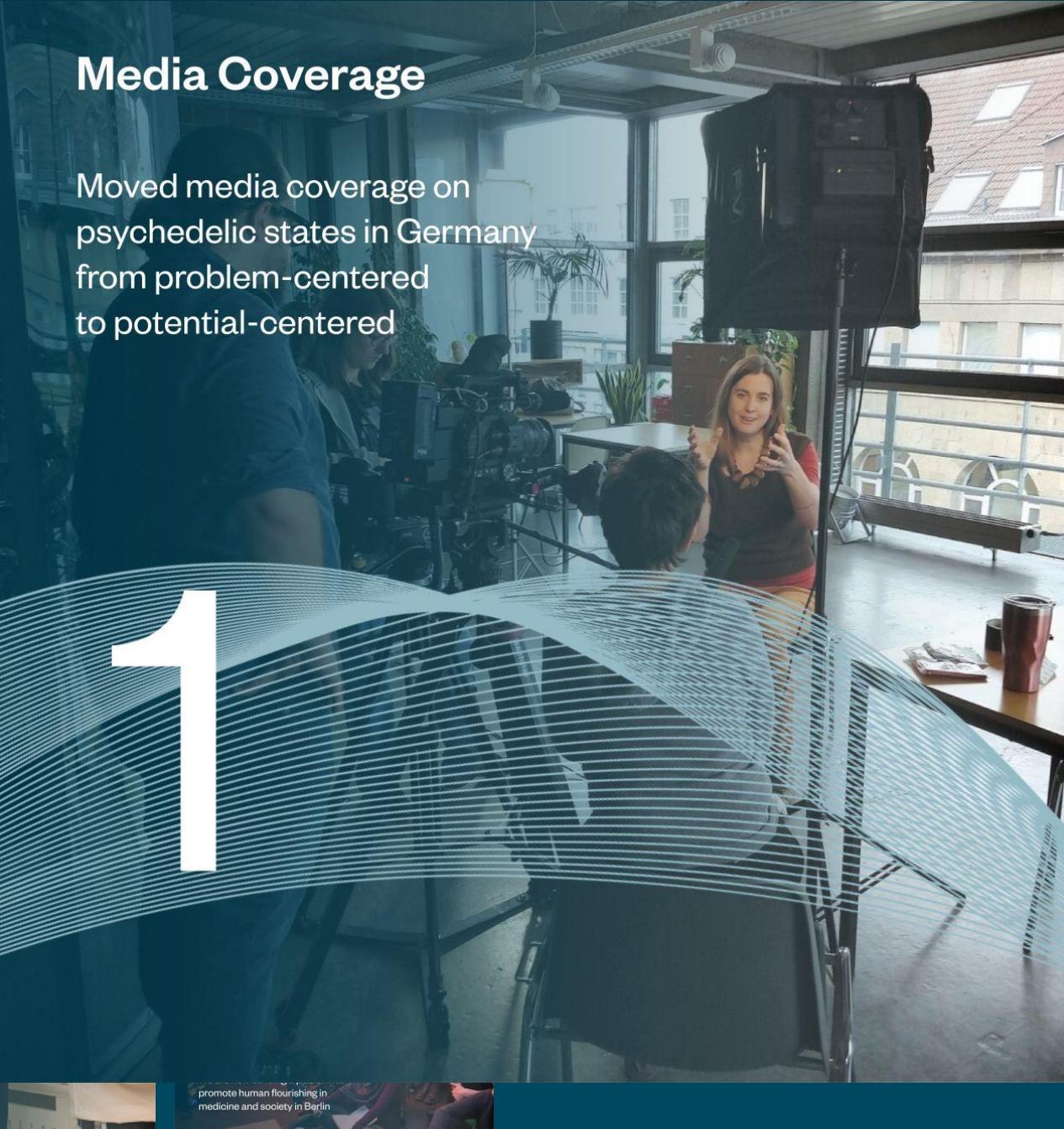
Ab dem 01.02.2024 bieten wir Ihnen neben dem bestehenden ambulanten Versorgungskonzept alle Vorteile, die eine private psychiatrisch-psychotherapeutische Tagesklinik für Patient*innen bereithält:

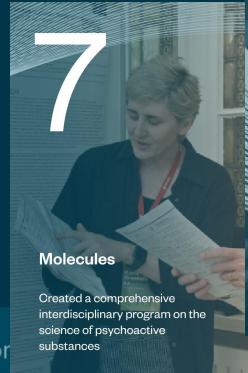
- Eine ganztägige umfassende medizinische Betreuung durch unser ärztliches, therapeutisches und pflegerisches Team,
- hochfrequente Gesprächspsychotherapien im Einzel- und Gruppensetting
- Körpertherapie, Kunsttherapie, Musiktherapie und Coaching Angebote
- sowie Sozialberatung, Meditation & Yoga und Bibliotherapie.

Als einzige Tagesklinik in Europa bieten wir zusätzlich psychedelische Therapie an:

• Ketamin-augmentierte Psychotherapie, Integrationsfokussierte Psychotherapie sowie Virtual Reality - Interventionen und

OVID clinic
berlin









Organized three vastly successful INSIGHT conferences, each better than the previous one, with numerous international allies and collaborators

Researching Medical Psychedelics

Partnered with Germany's most renowned university clinics in a large, publicly-funded psilocybin trial (EPIsoDE)



5

medicine and society in Berlin

BEYOND Experience

Brought evidence-oriented
psychedelic integration
techniques to over 500
individuals





Molecules

Created a comprehensive interdisciplinary program on the science of psychoactive substances

Psychedelika

Substanz – Medizin - Gesellschaft



Australia Recognises MDMA and Psilocybin as Medicines

⌚ February 3, 2023 - 📄 Analysis

BREAKING NEWS

MAPS PBC Files New Drug Application for MDMA-Assisted Therapy for PTSD

MDMA-assisted therapy becomes the first psychedelic therapy submitted to the FDA for approval. Here, we look at what happens next: from review timelines through to DEA rescheduling.



PSYCHEDELIC ALPHA

psychedelicalpha.com

Der öffentliche Diskurs zu Psychedelika verändert sich - Schlagzeilen

2024



1964



Was sind Psychedelika?

Altgriechisch

ψυχή psychē = «Geist»
δῆλος dēlos = «enthüllen, zeigen, offenbaren»;

Nomenklatur zeigt medizinhistorische und gesellschaftliche Wertsysteme

«psychische Prozesse/den Geist manifestierend»

Psychedelika

Neuroplastogene

Psychoplastogene

5HT_{2A}-Rezeptor-Agonisten

Medizin

Medikamente

Halluzinogene

Entheogene

Psychointegratoren

Heilige Pflanzen

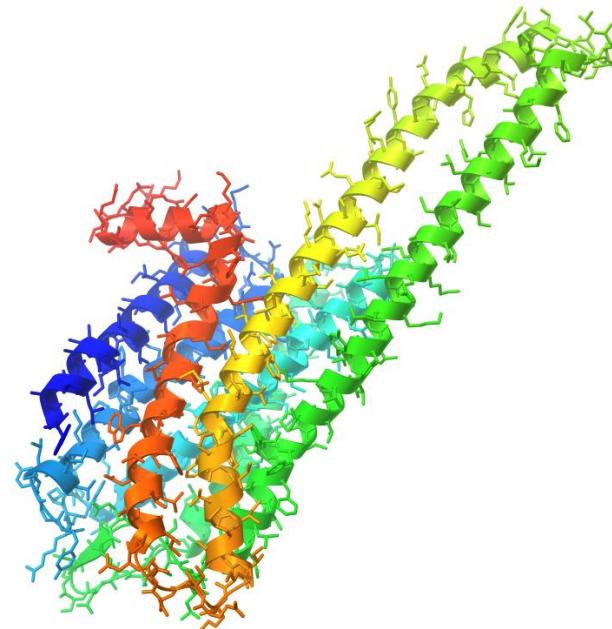


Image: Human 5-hydroxytryptamine (serotonin) receptor 2A, G protein-coupled predicted with SWISS-MODEL: Arnold K., Bordoli L., Kopp J., and Schwede T. (2006).

- Serotonergic drugs: → 5HT_{2A}-Receptor-Agonists
- Classic psychedelics: psilocybin mushrooms, LSD, mescaline cacti (Peyote, San Pedro etc.), and Dimethyltryptamine (DMT) containing preparations (Ayahuasca, Yopo etc.), 5-MeO-DMT
- Atypical psychedelics: MDMA, ketamine, nitrous oxide, *Cannabis*

Psychedelica sind „Disruptive Pharmaka“ – In welcher Beziehung stehen sie zu „Veränderungsprozessen“ (in Therapie und anderen Kontexten)?

June 26, 2019

Disruptive Psychopharmacology

Boris D. Heifets, MD, PhD¹; Robert C. Malenka, MD, PhD²

» Author Affiliations

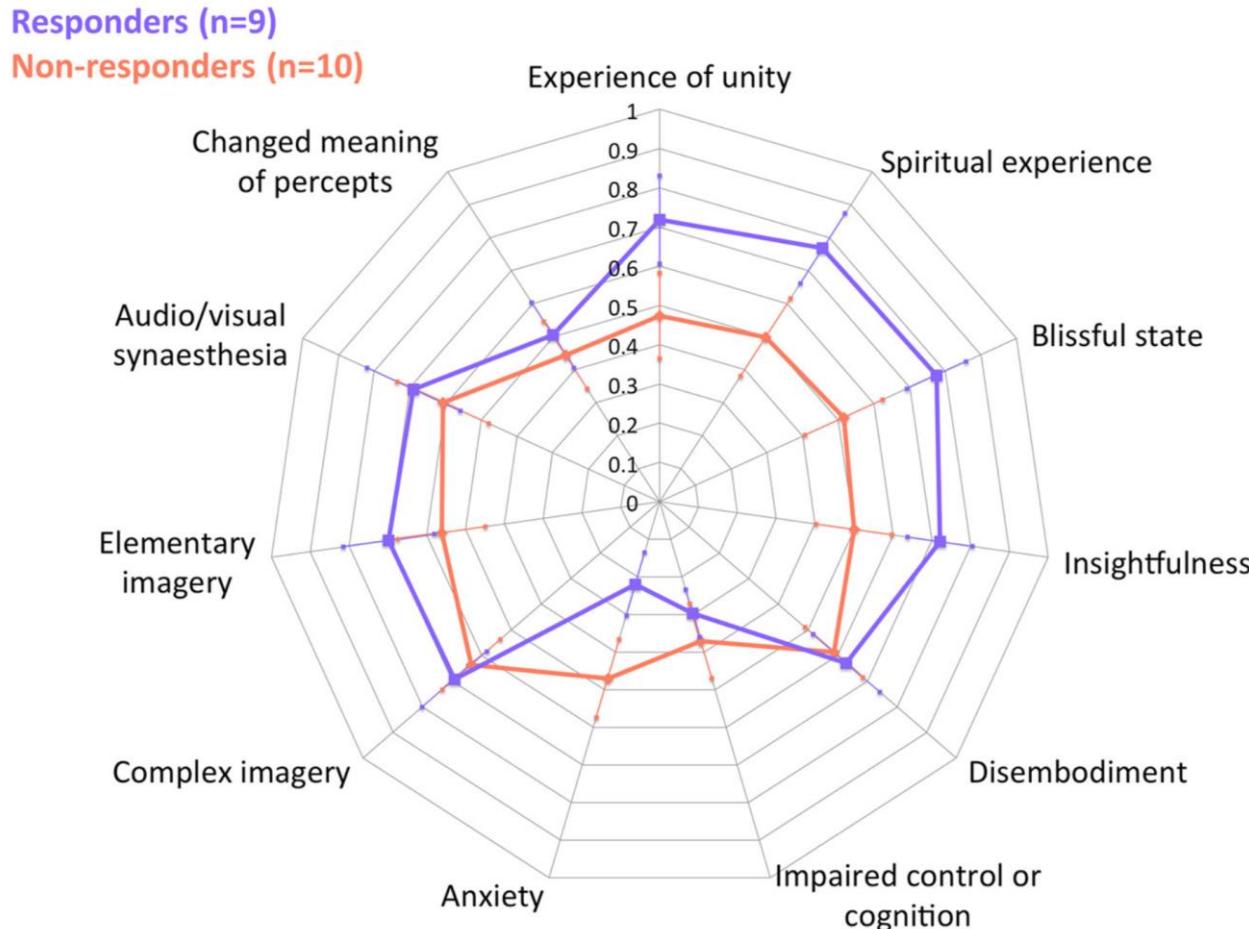
JAMA Psychiatry. Published online June 26, 2019. doi:10.1001/jamapsychiatry.2019.1145

“Ketamine, MDMA, and psilocybin (...) share the ability to induce an acutely altered state of consciousness, which in the appropriate therapeutic context can lead to a rapid therapeutic onset and, to varying degrees, a durable treatment effect that persists well after the drug has been cleared from the body.”

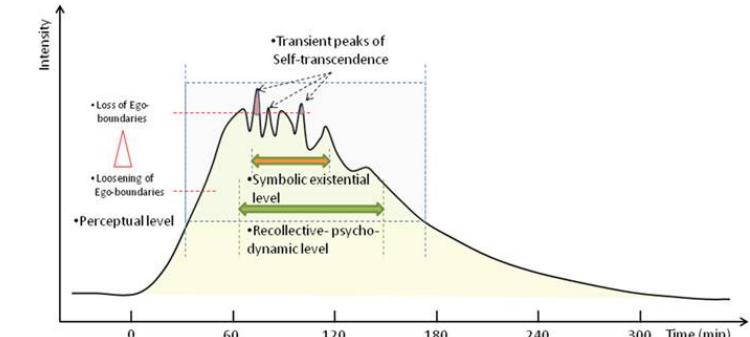


Evocation of clinically-relevant phenomena
(and generally evocation of potential „change-mechanisms“)

Qualität der psychedelischen Erfahrung prädiziert (Elemente) der klinischen Wirkung

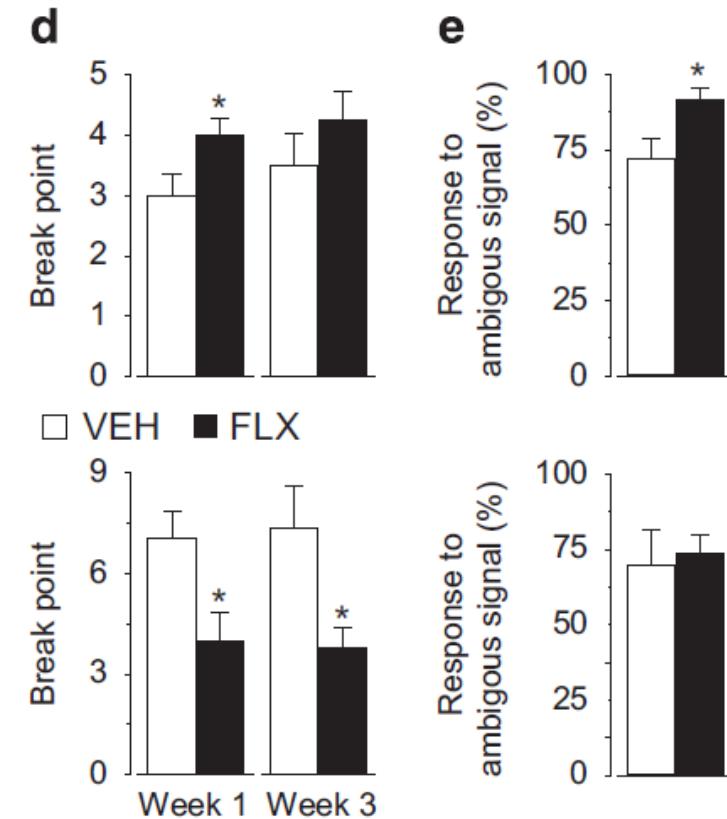
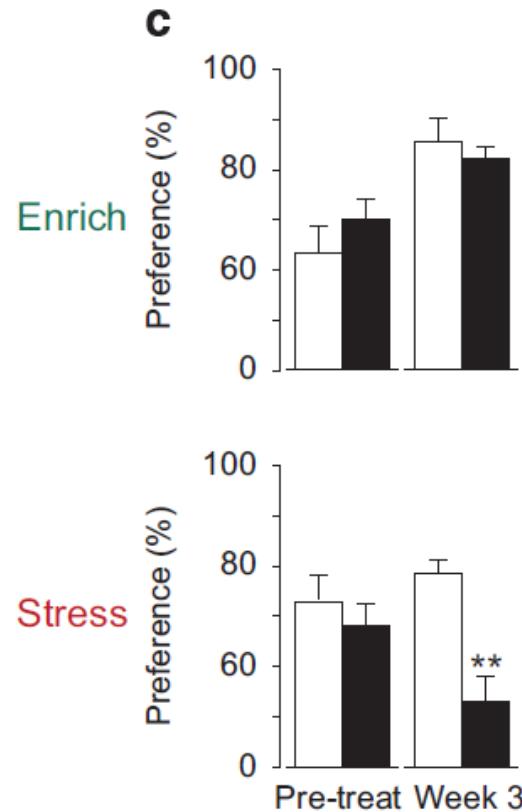
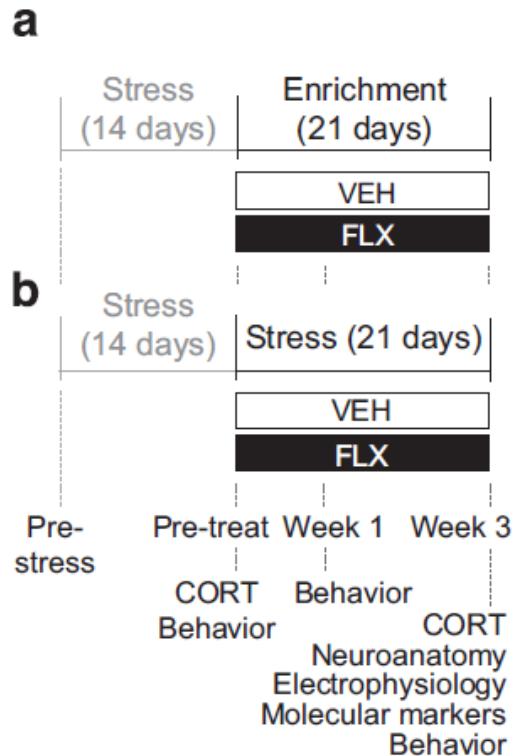


- Die Wirkung von Psychedelika ist stark kontextabhängig ... und unvorhersehbar

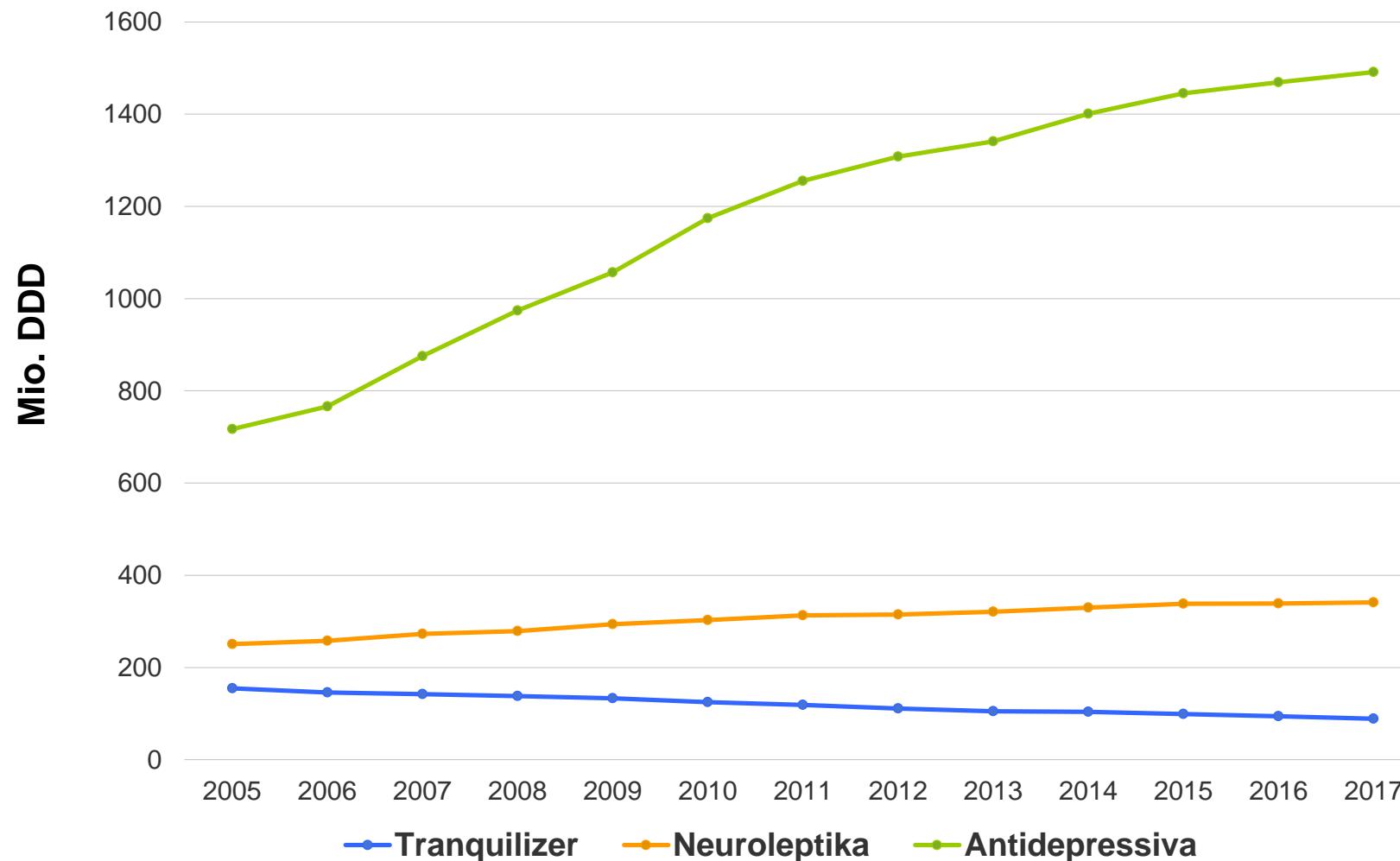


Course of subjective effects pf psilocybin From: Preller & Vollenweider, 2017

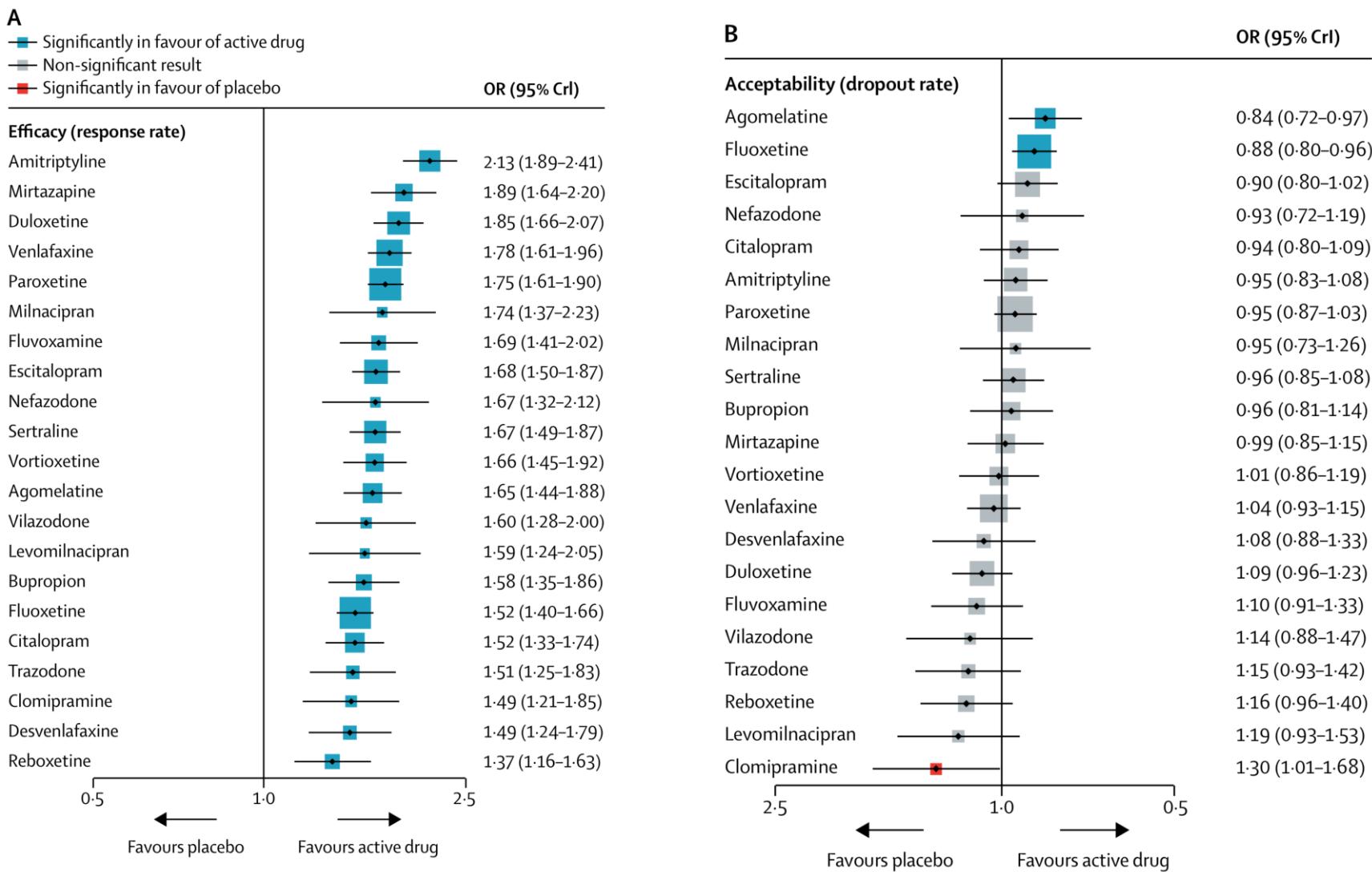
Auch die Wirkungen von SSRI sind abhängig von der Umgebung



Verordnungshäufigkeiten der wichtigsten Psychopharmaka-Gruppen in Deutschland 2005 - 2017



Wirksamkeit und Akzeptanz von Antidepressiva



Many People Taking Antidepressants Discover They Cannot Quit

By BENEDICT CAREY and ROBERT GEBELOFF LAST UPDATED: APRIL 7, 2018

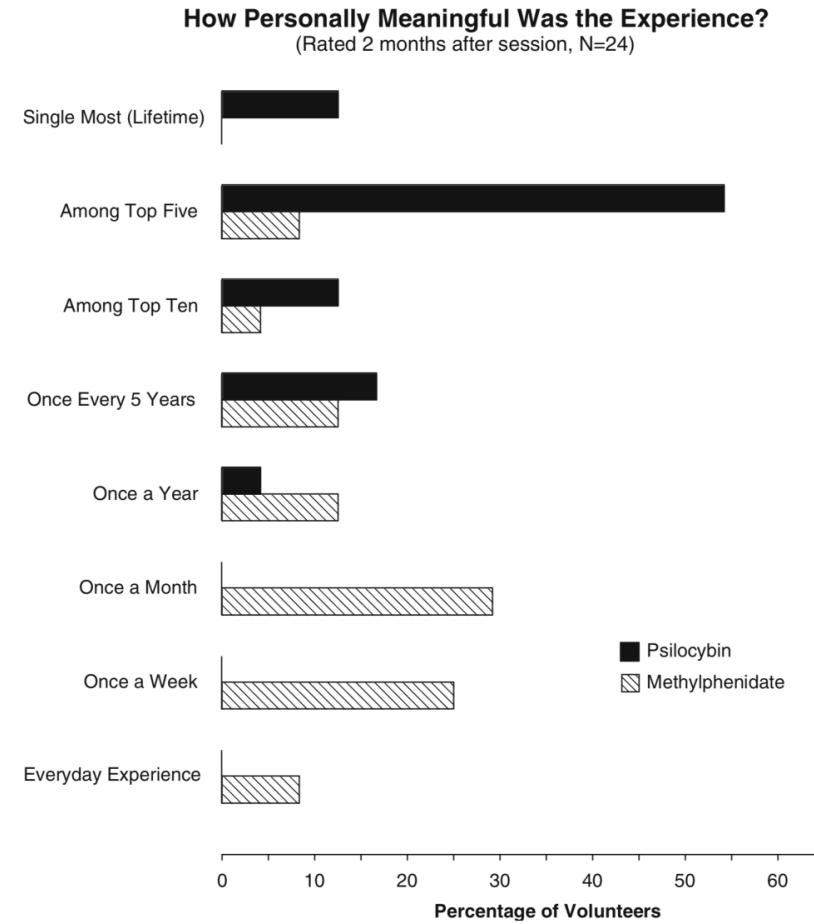
Victoria Toline would hunch over the kitchen table, steady her hands and draw a bead of liquid from a vial with a small dropper. It was a delicate operation that had become a daily routine — extracting ever tinier doses of the antidepressant she had taken for three years, on and off, and was desperately trying to quit.

“Basically that’s all I have been doing — dealing with the dizziness, the confusion, the fatigue, all the symptoms of withdrawal,” said Ms. Toline, 27, of Tacoma, Wash. It took nine months to wean herself from the drug, Zoloft, by taking increasingly smaller doses.



Victoria Toline needed nine months to taper off Zoloft. “I had to drop out of school,” she said. “My life’s been on hold.” RUTH FREMSON/THE NEW YORK TIMES

Qualität der Erfahrung: Bedeutsamkeit im Patienten-Erleben: Psilocybin-Studie(n) der Johns Hopkins Universität



Epidemiologie des nicht-klinischen Gebrauchs

20
Mill

EUROPE 2017/18: LSD And Mushroom Use Is Stable And Low For Many Years
Young Adults (15-34): Last Year [Less Than 1%](#) (European Drug Report 2019, P 54)

35
Mill

USA 2018: All Psychedelics: Life-time Prevalence (LTP): 16,7 %, LSD: LTP 10,6
(NIMH National Survey 2018)

2,1
Mill

Germany 2009: Adults LTP LSD 2,6% (2.1 Mill Germans)(3,4% M – 1,7% F)
Young Adults (18-34): LTP Of LSD 5%
<Http://Www.Emcdda.Europa.Eu/Stats13#display:/Stats13/Gpstab1c>

Bewertung des relativen Risikos psychoaktiver Substanzen

Multicriteria Decision Analysis

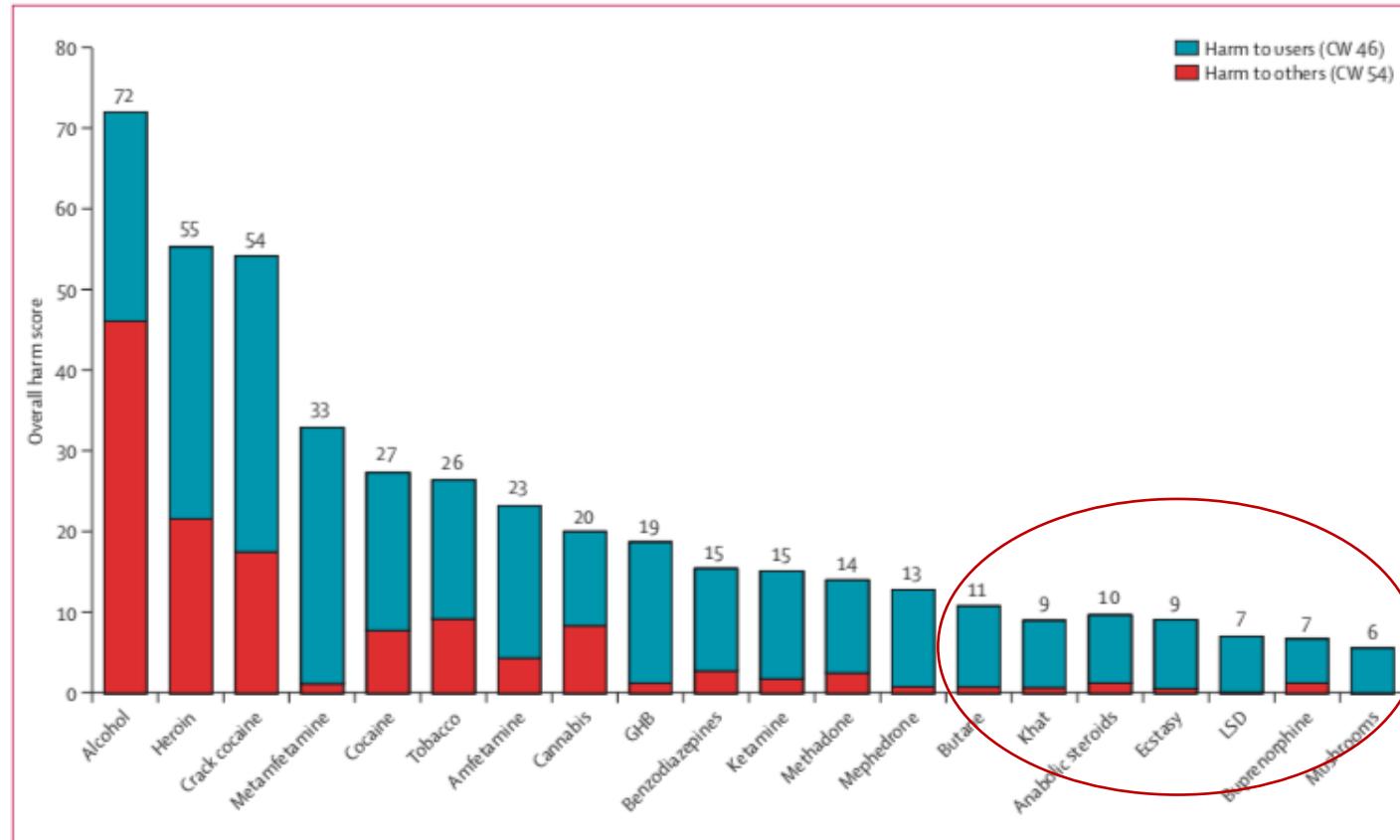
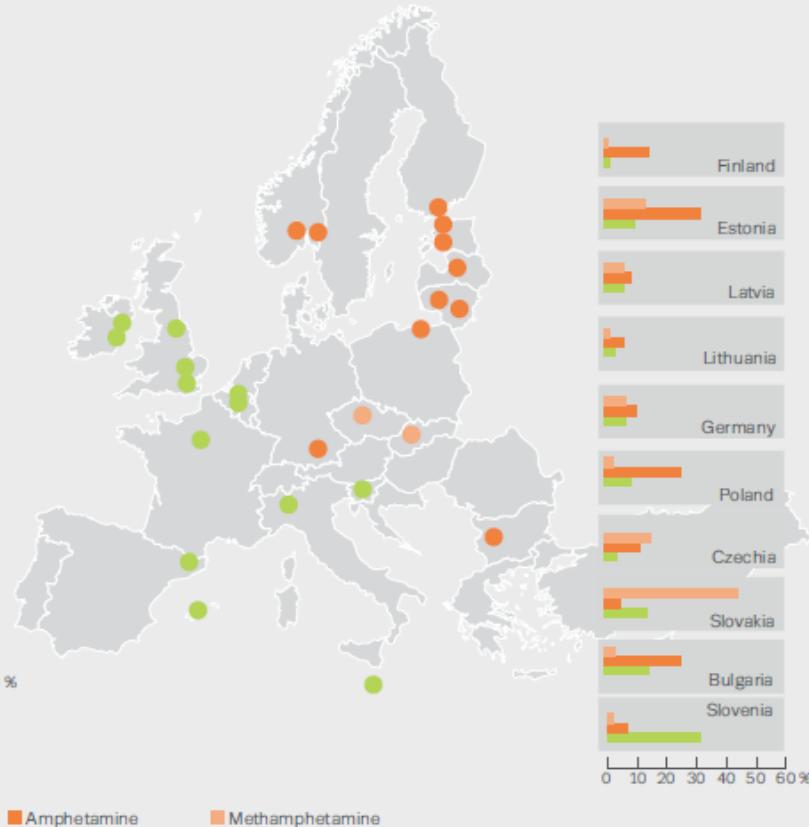
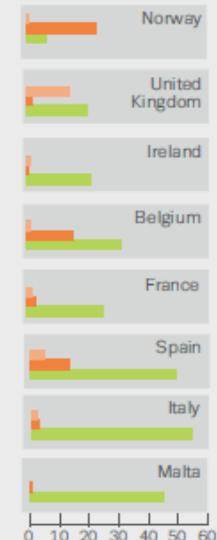
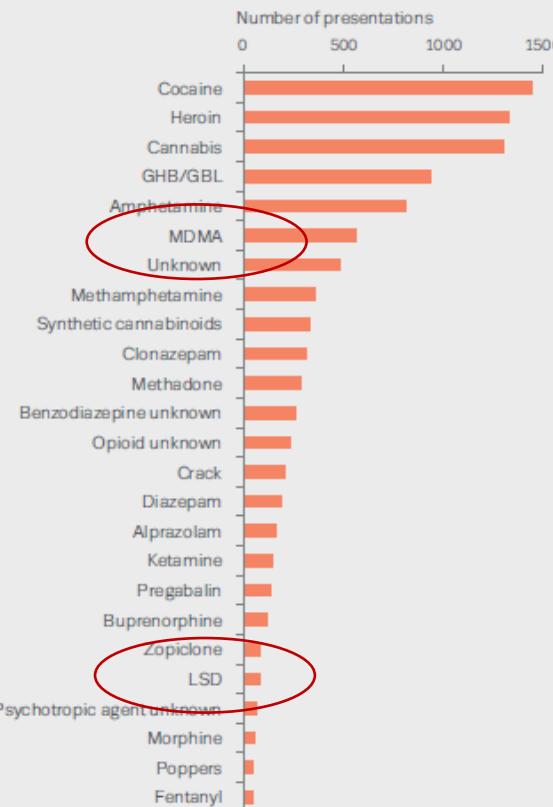


Figure 2: Drugs ordered by their overall harm scores, showing the separate contributions to the overall scores of harms to users and harm to others

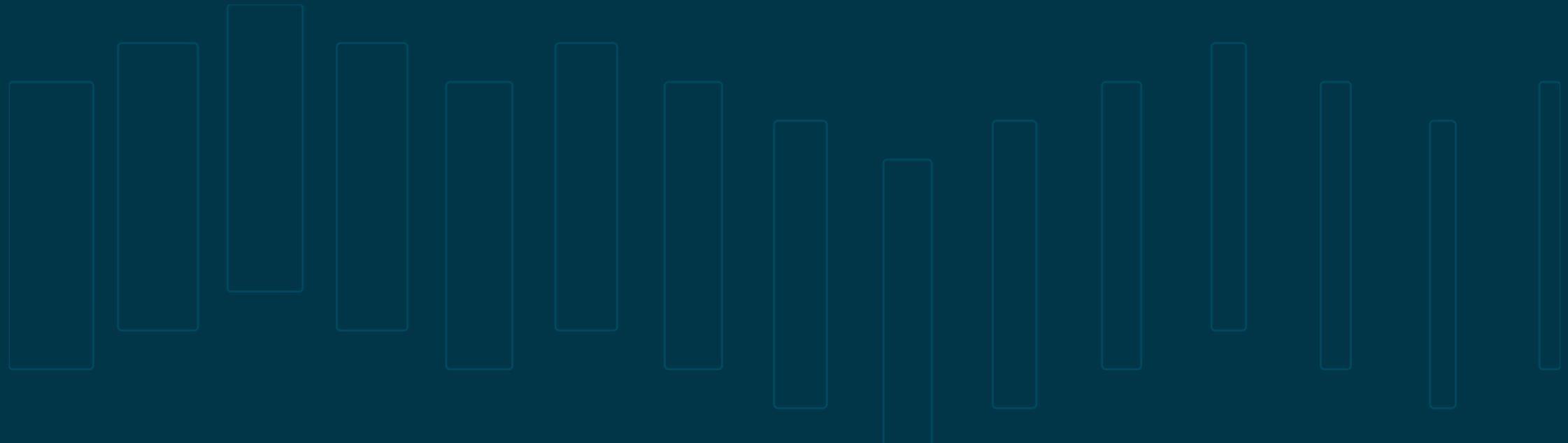
The weights after normalisation (0–100) are shown in the key (cumulative in the sense of the sum of all the normalised weights for all the criteria to users, 46; and for all the criteria to others, 54). CW=cumulative weight. GHB=γ hydroxybutyric acid. LSD=lysergic acid diethylamide.

Europa: Emergency Room Presentations

Top 25 drugs recorded in emergency presentations in sentinel hospitals in 2017 (left) and frequencies of cocaine and amphetamines presentations (percentage of presentations), aggregated by country (right)



NB: Results of 7 267 presentations in 26 Euro-Den Plus (sentinel) hospitals in 18 European countries.
Source: European Drug Emergencies Network (Euro-DEN Plus).



Wirkforschung - Effektivität

[Home](#) > [Der Nervenarzt](#) > Article

Sind Psychedelika schnell wirksame Antidepressiva?

Are psychedelics fast acting antidepressant agents?

Leitthema | Published: 01 February 2022

Volume 93, pages 254–262, (2022) [Cite this article](#)

„Die verfügbaren Studien weisen auf eine potente, schnell einsetzende und in vielen Fällen lang – mehrere Monate – anhaltende antidepressive Wirkung hin.“

Gerhard Gründer , Manuela Brand, Laura Kärtner, Dennis Scharf, Christian Schmitz, Moritz

Spangemacher & Lea J. Mertens

COMPARING „CLASSICAL (ANTI-DEPRESSANT)“ AND „PSYCHEDELIC“ PHARMACOLOGY

Daily or regular intake by patient	One to several doses facilitated by therapists and co-therapists in the framework of a more or less psychotherapeutic defined treatment
Subjective phenomena are considered epiphenomena to dysfunctional neurochemical processes	Temporary evocation of subjective phenomena intended: disrupting brain functions for stimulating learning processes (Walsh and Thiessen 2018; Wolff et al. 2020; Yaden and Griffiths 2020)
Delayed response to treatment (days to weeks)	Immediate response to treatment with potential long-term effects (Johnson et al. 2017; Aday et al. 2020b)

Gründer, G., & Jungaberle, H. (2021). The Potential Role of Psychedelic Drugs in Mental Health Care of the Future. *Pharmacopsychiatry*, 54(04), 191–199. <https://doi.org/10.1055/A-1486-7386>

Clinical elements and modalities	Classic psychopharmacology (anti-depressant)	Psychedelic pharmacology
Treatment Regime and Conceptualization	<i>Daily or regular intake</i> by the patient	<i>One to several doses</i> facilitated by therapists and co-therapists in the framework of a more or less psychotherapeutic-defined treatment
	<i>Classical patient journey</i>	<i>Expanded patient journey</i> with an increased need for patient referral structures, screening, pre-treatment, dosing session support, post-treatment, and client follow-up
	<i>Subjective phenomena</i> are considered epiphenomena to dysfunctional neurochemical processes	Temporary evocation of <i>subjective phenomena</i> intended: disrupting brain functions for stimulating learning processes [25, 30, 56]
	<i>Learning processes</i> not primarily intended	<i>Learning processes</i> on a psychological and behavioral level, in- and out-session intended and therapeutically enhanced (ebd.)
	<i>Delayed response to treatment</i> (days to weeks)	<i>Immediate response to treatment</i> with potential long-term effects [57–58]
	<i>The therapeutic effect diminishes with the withdrawal of substances</i>	<i>The therapeutic effect may persist</i> without continuous application [25, 57–58]
Contextualization and Augmentation of pharmacological treatment	<i>Co-treatment regimens</i> with (other) psychotherapists possible, not mandatory	<i>Co-treatment of patients with (other) psychotherapists</i> possible, requires specific knowledge
	<i>Augmentation of biological effects</i> with psychotherapy optional	<i>Augmentation of biological effects</i> with psychotherapy essential [6]
Therapist-patient interaction	<i>Augmentation of biological effects</i> with non-verbal interventions like music and other sensory elements common (e.g. aroma, light, general aesthetics of treatment environment)	<i>Interpersonal rapport</i> includes temporarily long sessions of over several hours, often more intense and more supportive. Increased importance of trust and safety [59]
	<i>Interpersonal rapport</i> usually brief and more technical	<i>Interpersonal rapport</i> includes temporarily long sessions of over several hours, often more intense and more supportive. Increased importance of trust and safety [59]
Psychological Dimension		
	<i>Stabilization of mood and affect</i>	<i>Desired temporary destabilization</i> to facilitate affective learning [28]
	<i>Cathartic processes</i> not intended	<i>Cathartic processes</i> are a distinct element of the psychedelic experience [60]
Cognition	<i>Access to emotional material</i> not intended and uncommon	<i>Access to emotional material</i> facilitated [61]
	<i>Change of imagination and cognition</i> (e.g., associative thinking) not intended	<i>Temporary change of imagination and cognition</i> (e.g., associative thinking) desirable [28]
	<i>Changes in personality and self-perception</i> not intended	<i>Changes in personality and self-perception</i> intended and often experienced (e.g., openness) [62–64]
	<i>Addressing existential topics</i> like psychospiritual dimensions, meaning-making, values, and goals not targeted	<i>Addressing existential topics</i> like psychospiritual dimensions, meaning-making, values, and goals common [65–66]
Behavior	<i>Enhanced autobiographical recollection</i> not usual	<i>Enhanced autobiographical recollection</i> possible or common [61]
	<i>Behavioral disinhibition</i> in treatment situations not common	<i>Temporary behavioral disinhibition</i> in treatment situations possible, long-term transformation of inhibitory processes possible
	<i>Exceptional or norm-transcending behaviors and behavioral experiments</i> in treatment situation are uncommon and generally avoided	<i>Exceptional or norm-transcending behaviors and behavioral experiments</i> in treatment situation occur and may be utilized for learning processes
Perception	<i>No immediate perceptual changes</i>	<i>Temporary perceptual changes</i> in sessions
Body sensation	<i>Sensitivity for bodily processes</i> variable	<i>Temporary enhancement of sensitivity for bodily processes</i> occurs (introduction: proprioception and viscerception)
	<i>Often libido reduction</i> experienced, sexual dysfunctions frequent	Sometimes acute and temporary libido enhancement experienced

COMPARING „CLASSICAL (ANTI-DEPRESSANT)“ AND „PSYCHEDELIC“ PHARMACOLOGY

Stabilization of mood and affect

Desired temporary destabilization to facilitate affective learning (Swanson 2018)

Addressing existential topics like psychospiritual dimensions, meaning making, values and goals **not targeted**

Addressing existential topics like psychospiritual dimensions, meaning making, values and goals **common** (Griffiths et al. 2006; Mackenzie 2014)

Clinical elements and modalities	Classic psychopharmacology (anti-depressant)	Psychedelic pharmacology
Treatment Regime and Conceptualization	<i>Daily or regular intake by the patient</i>	<i>One to several doses facilitated by therapists and co-therapists in the framework of a more or less psychotherapeutic-defined treatment</i>
	<i>Classical patient journey</i>	<i>Expanded patient journey with an increased need for patient referral structures, screening, pre-treatment, dosing session support, post-treatment, and client follow-up</i>
	<i>Subjective phenomena are considered epiphenomena to dysfunctional neurochemical processes</i>	<i>Temporary evocation of subjective phenomena intended: disrupting brain functions for stimulating learning processes [25, 30, 56]</i>
	<i>Learning processes not primarily intended</i>	<i>Learning processes on a psychological and behavioral level, in- and out-session intended and therapeutically enhanced (ebd.)</i>
	<i>Delayed response to treatment (days to weeks)</i>	<i>Immediate response to treatment with potential long-term effects [57–58]</i>
	<i>The therapeutic effect diminishes with the withdrawal of substances</i>	<i>The therapeutic effect may persist without continuous application [25, 57–58]</i>
Contextualization and Augmentation of pharmacological treatment	<i>Co-treatment regimens with (other) psychotherapists possible, not mandatory</i>	<i>Co-treatment of patients with (other) psychotherapists possible, requires specific knowledge</i>
	<i>Augmentation of biological effects with psychotherapy optional</i>	<i>Augmentation of biological effects with psychotherapy essential [6]</i>
Therapist-patient interaction	<i>Augmentation of biological effects with non-verbal interventions not common</i>	<i>Augmentation of biological effects with non-verbal interventions like music and other sensory elements common (e.g. aroma, light, general aesthetics of treatment environment)</i>
	<i>Interpersonal rapport usually brief and more technical</i>	<i>Interpersonal rapport includes temporarily long sessions of over several hours, often more intense and more supportive. Increased importance of trust and safety [59]</i>
Psychological Dimension		
	<i>Emotions</i>	<i>Stabilization of mood and affect</i>
		<i>Desired temporary destabilization to facilitate affective learning [28]</i>
Cognition	<i>Cathartic processes not intended</i>	<i>Cathartic processes are a distinct element of the psychedelic experience [60]</i>
	<i>Access to emotional material not intended and uncommon</i>	<i>Access to emotional material facilitated [61]</i>
	<i>Change of imagination and cognition (e.g., associative thinking) not intended</i>	<i>Temporary change of imagination and cognition (e.g., associative thinking) desirable [28]</i>
Behavior	<i>Changes in personality and self-perception not intended</i>	<i>Changes in personality and self-perception intended and often experienced (e.g., openness) [62–64]</i>
	<i>Addressing existential topics like psychospiritual dimensions, meaning-making, values, and goals not targeted</i>	<i>Addressing existential topics like psychospiritual dimensions, meaning-making, values, and goals common [65–66]</i>
	<i>Enhanced autobiographical recollection not usual</i>	<i>Enhanced autobiographical recollection possible or common [61]</i>
	<i>Behavioral disinhibition in treatment situations not common</i>	<i>Temporary behavioral disinhibition in treatment situations possible, long-term transformation of inhibitory processes possible</i>
Perception	<i>Exceptional or norm-transcending behaviors and behavioral experiments in treatment situation are uncommon and generally avoided</i>	<i>Exceptional or norm-transcending behaviors and behavioral experiments in treatment situation occur and may be utilized for learning processes</i>
	<i>No immediate perceptual changes</i>	<i>Temporary perceptual changes in sessions</i>
	<i>Body sensation</i>	
	<i>Sensitivity for bodily processes variable</i>	<i>Temporary enhancement of sensitivity for bodily processes occurs (introduction: proprioception and viscerception)</i>
	<i>Often libido reduction experienced, sexual dysfunctions frequent</i>	<i>Sometimes acute and temporary libido enhancement experienced</i>

Psilocybin Depressionsstudie: 144 Patienten behandelt



Zentralinstitut für
Seelische Gesundheit
Landesstiftung
des öffentlichen Rechts



Prof. Dr. med. Gerhard Gründer, ZI Mannheim
Principal Investigator Psilocybin Depression Study



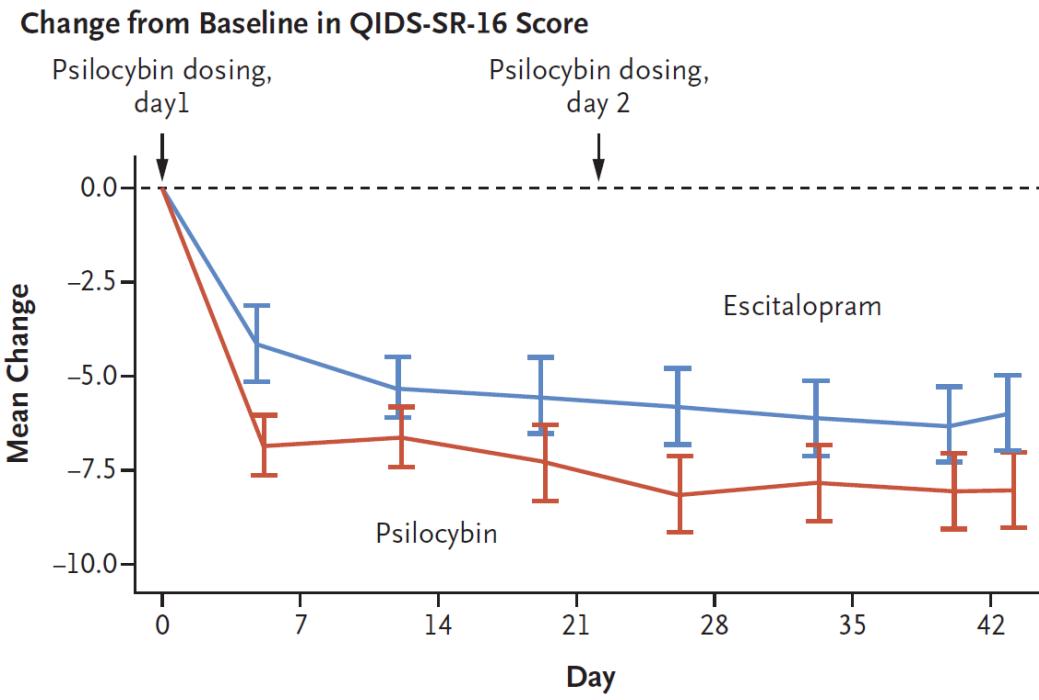
- Randomized controlled trial (RCT) with 144 patients
- Two study centers at the Central Institute of Mental Health in Mannheim and at the Charité University Medicine Berlin
- With researchers and therapists from the MIND Foundation and support from OVID
- Safety and efficacy of psilocybin in patients with treatment-resistant depression
- BfArM approval
- Funded with 5.4 million euros by the German Federal Ministry of Education and Research (BMBF)
- GMP-certified psilocybin from Usona Institute in Wisconsin

MAJOR DEPRESSIVE DISORDER & TRD

- A larger population than TRD (treatment-resistant depression)
- Early treatment might prevent disease progression
- Alternative to long-term antidepressant use that may promote treatment resistance

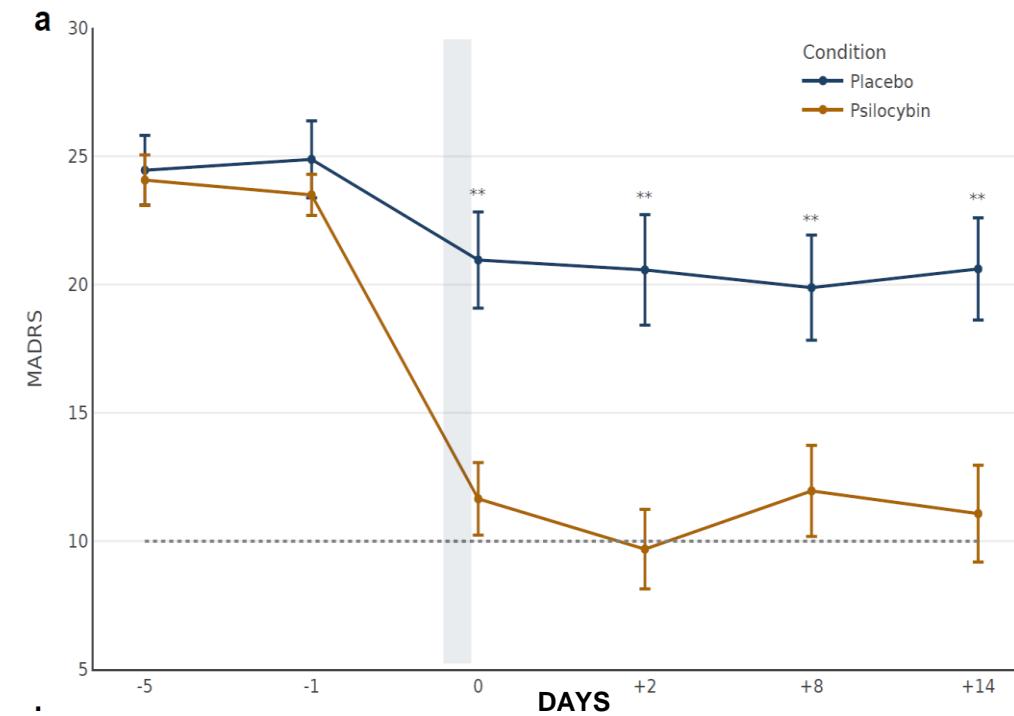


Medium-sized Academic Studies of Psilocybin for Major Depression show clinically relevant effects



59 participants randomized to two 25 mg doses of psilocybin (N=30) vs. daily escitalopram (N=29) followed for 6 weeks

Carhart-Harris RL et al. NEJM 2021; 384: 1402-11



52 participants randomized to a single moderate (~ 15 mg) mg dose of psilocybin (N=26) vs. placebo (N=26) followed for 2 weeks

von Rotz R et al. EClinicalMedicine 2022 Dec 28;56:101809.

PSIL201 Study Data | Usona Institute – 104 patients

August, 31st 2023

Research

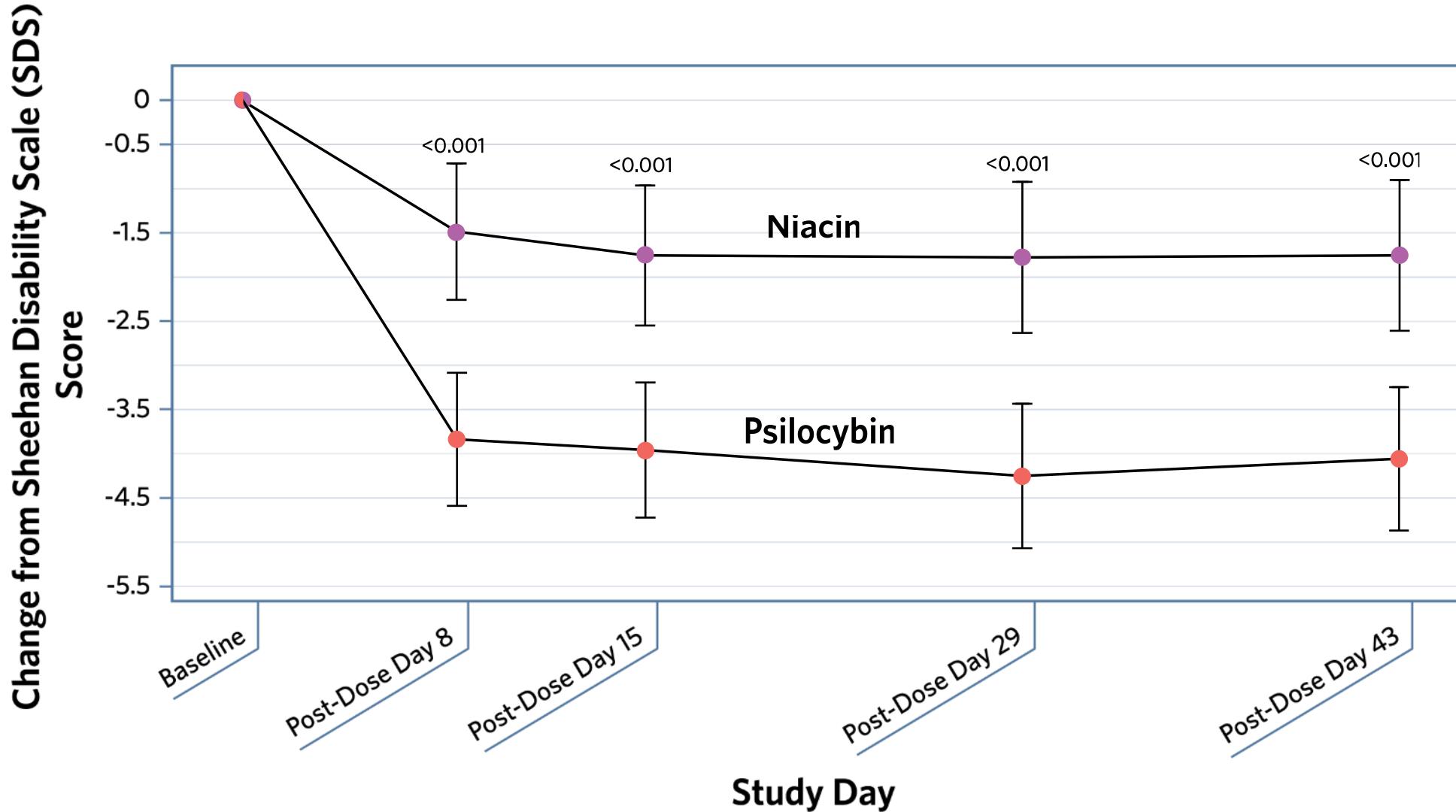
JAMA | Original Investigation

Single-Dose Psilocybin Treatment for Major Depressive Disorder A Randomized Clinical Trial

Charles L. Raison, MD; Gerard Sanacora, MD, PhD; Joshua Woolley, MD, PhD; Keith Heinzerling, MD; Boadie W. Dunlop, MD, MS;
Randall T. Brown, MD, PhD; Rishi Kakar, MD; Michael Hassman, DO; Rupal P. Trivedi, MD; Reid Robison, MD; Natalie Gukasyan, MD;
Sandeep M. Nayak, MD; Xiaojue Hu, MD; Kelley C. O'Donnell, MD, PhD; Benjamin Kelmendi, MD; Jordan Sloshower, MD, MSc;
Andrew D. Penn, RN, MS, NP; Ellen Bradley, MD; Daniel F. Kelly, MD; Tanja Mletzko, MA; Christopher R. Nicholas, PhD; Paul R. Hutson, PharmD;
Gary Tarpley, PhD; Malynn Utzinger, MD; Kelsey Lenoch, BS; Kasia Warchol, BS; Theraysa Gapasin, MS, aMFT; Mike C. Davis, MD, PhD;
Courtney Nelson-Douthit, BS; Steffanie Wilson, PhD; Carrie Brown, MA; William Linton, Dr hc; Stephen Ross, MD; Roland R. Griffiths, PhD

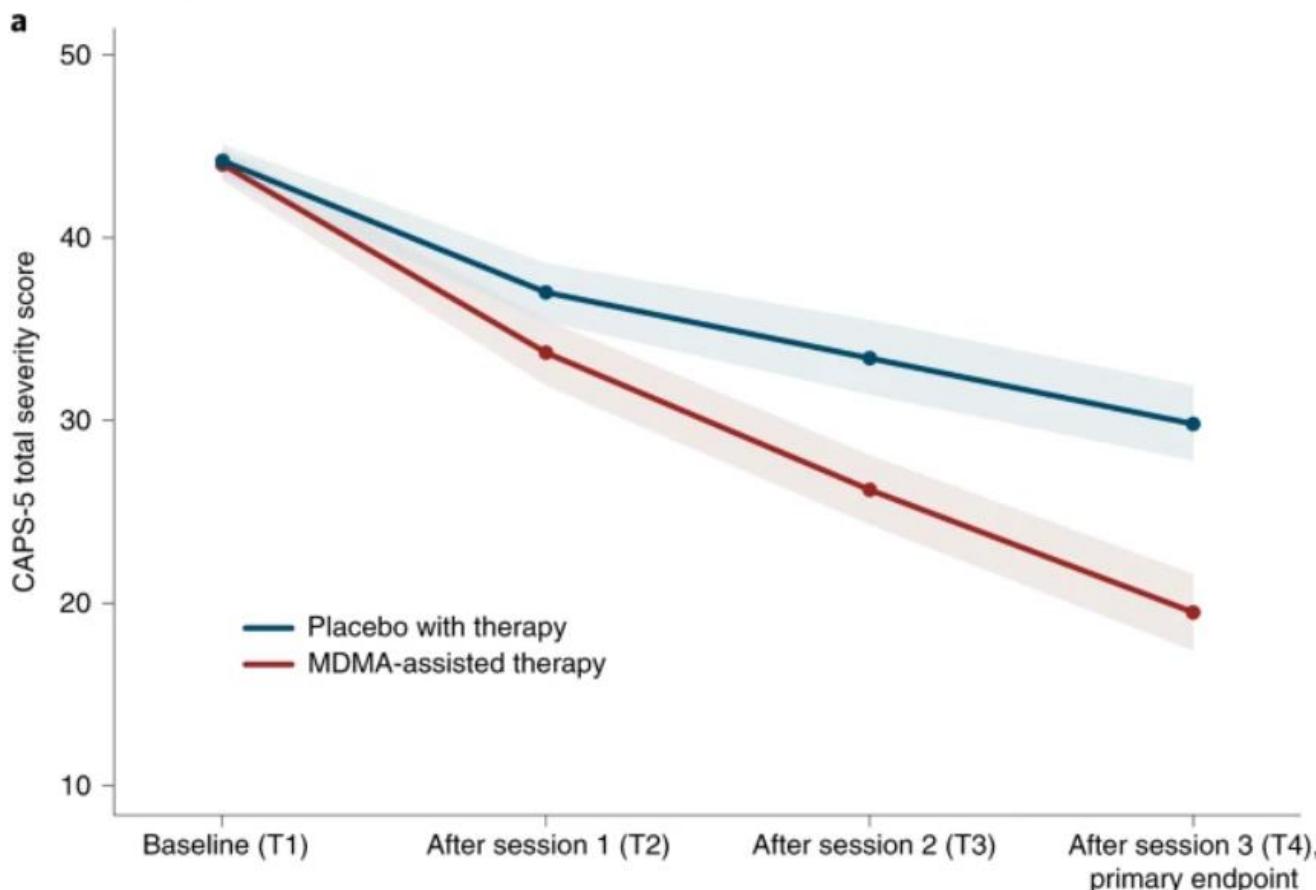
Raison CL, Sanacora G, Woolley J, et al. Single-Dose Psilocybin Treatment for Major Depressive Disorder: A Randomized Clinical Trial. *JAMA*. 2023;330(9):843–853.
doi:10.1001/jama.2023.14530

Effect of Psilocybin on Functional Disability in Study PSIL201



MDMA und PTSD

Fig. 2: Measures of MDMA efficacy in the MDMA-assisted therapy group and the placebo group.



nature medicine

Explore content ▾ About the journal ▾ Publish with us ▾

[nature](#) > [nature medicine](#) > [articles](#) > [article](#)

Article | [Open Access](#) | Published: 10 May 2021

MDMA-assisted therapy for severe PTSD: a randomized, double-blind, placebo-controlled phase 3 study

Jennifer M. Mitchell Michael Bogenschutz, Alia Lilienstein, Charlotte Harrison, Sarah Kleiman, Kelly Parker-Guilbert, Marcela Ot'alora G., Wael Garas, Casey Paleos, Ingmar Gorman, Christopher Nicholas, Michael Mithoefer, Shannon Carlin, Bruce Poulter, Ann Mithoefer, Sylvestre Quevedo, Gregory Wells, Sukhpreet S. Klaire, Bessel van der Kolk, Keren Tzarfaty, Revital Amiaz, Ray Worthy, Scott Shannon, Joshua D. Woolley, ... Rick Doblin + Show authors

[Nature Medicine](#) 27, 1025–1033 (2021) | [Cite this article](#)

554k Accesses | 293 Citations | 3952 Altmetric | [Metrics](#)

Wie kann das sein?

- Effekte des Pharmakons?
- Erwartungseffekte? (Placebo)
- Effekte der Behandlungssituation?
- Effekte der Psychotherapie?



Prozessforschung

How does psychotherapy work?

logotherapy

person-centered
therapy

existential therapy

humanistic-experiential approaches

narrative therapy

emotion-focused therapy

clarification-oriented
psychotherapy

accelerated experiential
dynamic psychotherapy

acceptance and
commitment therapy

couples therapy

strategic family therapy

systemic approaches

structural family therapy

solution-focused brief therapy

multigenerational therapy

psychoanalysis

interpersonal
therapy

transference-focused
psychotherapy

psychodynamic approaches

cognitive processing
therapy

cognitive-behavioral approaches

exposure therapy

behavioral activation

music therapy

body psychotherapy

nonverbal approaches

art therapy

play therapy

mentalization-based
psychotherapy

schema therapy

mindfulness-based
cognitive therapy

dialectical behavior therapy

cognitive-behavioral therapy

Allgemeine Wirkfaktoren (General Change Mechanisms)

- in und jenseits von Psychotherapie



IN-A-NUTSHELL 3: PROPOSED MECHANISMS OF ACTION PSYCHEDELIC THERAPY AS PHARMACOPSYCHOTHERAPY

Neurobiological Mechanisms

Antidepressant
 - Neuronal growth, neurogenesis, synaptogenesis

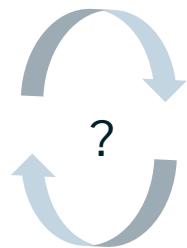
Serotonin receptor agonist
 - 5HT2a activation
 - Intracellular pathway Gi and not Gq

Anti-Inflammatory
 - NF- κ B translocation in astrocytes cytokine production

Neuromodulation
 - Enhanced connectivity
 - BDNF release

Cell survival
 - Neuroprotective effect
 - Proliferation

Reset mechanism
 - DMN, similar to ECT



Psychological and social factors

Augmentation of the five General Psychotherapeutic Change Mechanisms (Common Factors)

Clarification of meaning

Specific Therapeutic Factors
 (Some psychedelic states; transpersonal states etc.)

Therapeutic relationship

Problem activation

Resource activation

Mastery and Coping

Vollenweider, F. X., & Preller, K. H. (2020). Psychedelic drugs: neurobiology and potential for treatment of psychiatric disorders. In *Nature Reviews Neuroscience* (Vol. 21, Issue 11, pp. 611–624). Nature Research. <https://doi.org/10.1038/s41583-020-0367-2>

Martin DA, Nichols CD. Psychedelics Recruit Multiple Cellular Types and Produce Complex Transcriptional Responses Within the Brain. *EBioMedicine*. 2016;11:262–277. doi:10.1016/j.ebiom.2016.08.049

Mertens, L. J., & Preller, K. H. (2021). Classical Psychedelics as Therapeutics in Psychiatry - Current Clinical Evidence and Potential Therapeutic Mechanisms in Substance Use and Mood Disorders. *Pharmacopsychiatry*, 54, 1–15. <https://doi.org/10.1055/a-1341-1907>

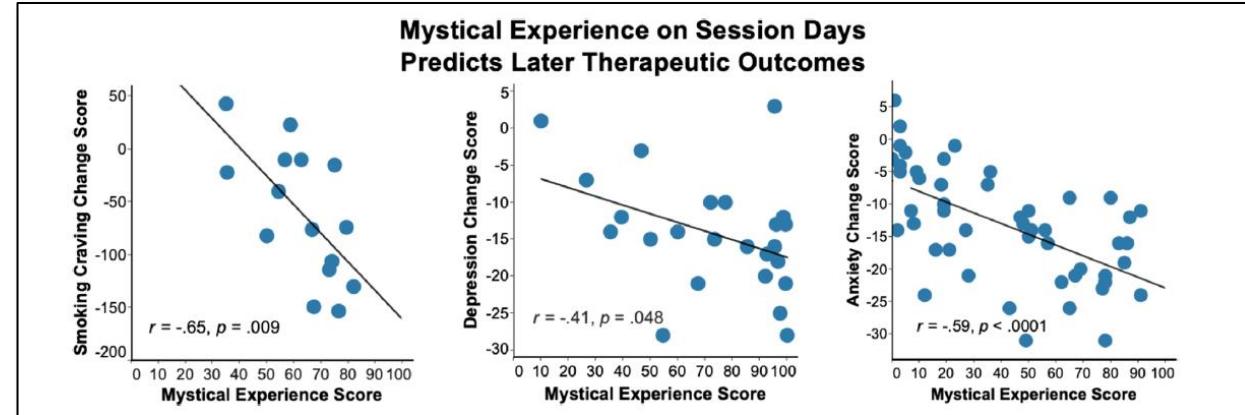
Nayak, S., & Johnson, M. W. (2020). Psychedelics and Psychotherapy. *Pharmacopsychiatry*,
Wolff, M., Evans, R., Mertens, L. J., Koslowski, M., Betzler, F., Gründer, G., & Jungaberle, H. (2020). Learning to Let Go: A Cognitive-Behavioral Model of How Psychedelic Therapy Promotes Acceptance. *Frontiers in Psychiatry*, 11, 5. <https://www.frontiersin.org/article/10.3389/fpsyg.2020.00005>

("connectedness", "insight" (Watts 2018), "oceanic boundlessness" (Roseman 2018), "awe" (Hendricks, 2018), "mystical experience" (Hendricks, 2018), challenging experience ("challenging experience") (Roseman 2018, Carbonaro 2016), primary process thinking, age regression (Krahenmann, 2017), Cognitive restructuring (Reframing) (Johnson 2014))



The Subjective Effects of Psychedelics Are Necessary for Their Enduring Therapeutic Effects

David B. Yaden and Roland R. Griffiths*



Yaden & Griffiths (2021)



The psychedelic experience mediates therapeutic outcomes

Mystical-type experiences (Barrett et al., 2015)
Emotional breakthrough experiences (Roseman et al. 2019)
Acceptance-related experiences (“Learning to let go”; Wolff et al., 2022; Watts et al., 2017)
Avoidance-related experiences (Wolff et al., 2022)
Insights about positive goals and adaptive patterns (Davis et al., 2021)
Insights about avoidance and maladaptive patterns (Peill et al., 2021; Davis et al., 2021)
Challenging experiences (Barrett et al., 2016)
Experiences of social connectedness (Watts et al., 2017; Kettner et al., 2021)
Re-experiencing of adverse life events (Weiss et al., 2023)



Allgemeine Wirkfaktoren (General Change Mechanisms)

- in und jenseits von Psychotherapie



„Und mir war klar, dass ich da irgendwann mal dran muss, aber die Zeit war halt noch nicht da, weil das vom Gefühl her zu gefährlich gewesen wäre. Und an diesen Türen sind wir vorbeigefahren, an manchen recht nah, am anderen nur aus der Ferne. Und dann wurde halt immer gezeigt da ist das, da ist das, dort sitzt die Trauer. Aber so nach dem Motto Ich zeig dir erst mal, wo das alles ist, da können wir später, nehmen wir uns Zeit und gucken da mal genau hin.“

(P7, Pos. 131)

Aus: Schmidt, Christopher. (2023). Wirkfaktoren der Psilocybin-unterstützten Therapie – Eine qualitative Studie mit Patientinnen und Patienten der EPisoDE-Studie, Masterarbeit am Fachbereich Biologische und Klinische Psychologie der Universität Trier.

Therapeutisches Probehandeln in der Dosing-Session - Entitäten

Therapeutische Beziehung

Eine Person beschrieb, während der Substanzsitzung in „Kontakt mit einer Entität getreten zu sein“ und diese habe die Person ihrer Ansicht nach in angemessener Entfernung, die von ihr in ein „Verlies“ (P7, P.131) gesperrten unangenehmen Emotionen gezeigt, der Person ein Gefühl von Orientierung vermittelt und Vorschläge gemacht, was hier als Darstellung therapeutischen Verhaltens interpretiert wird (P7).

Zwei Personen berichten von einem positiven emotionalen Bezug zu bestimmten „Entitäten“, zu denen Kontakt während den Substanzsitzungen aufgenommen worden sei und die aufgrund ihres therapeutischen Agierens (unter anderem Vorschläge machen, unterstützend und wertschätzend auftreten und die Patient*innen durch die Sitzung begleiten) in dieser Kategorie aufgeführt werden (P7, P9).

„Und genau, also dann habe ich auch wirklich ja Rotz und Wasser geheult und sie hat dann meine Hand gehalten und es hat sich sehr, also es war irgendwie, es hat sich sehr gut angefühlt in dem Moment so jemanden zu haben, der einfach auch da ist und weil ich mich in dem Moment auch eigentlich sehr einsam gefühlt habe und ich dann irgendwie auch so das Gefühl hatte, ja, genau, ich bin jetzt, ich bin eben jetzt nicht allein und irgendjemand ist jetzt hier und spendet mir Trost.“

(P8, Pos. 71)

Interaktion in der Therapiestunde

Therapeutische Beziehung

...

Aus: Schmidt, Christopher. (2023). Wirkfaktoren der Psilocybin-unterstützten Therapie – Eine qualitative Studie mit Patientinnen und Patienten der EPIsoDE-Studie, Masterarbeit am Fachbereich Biologische und Klinische Psychologie der Universität Trier.

Wertschätzung existierender Beziehungen

Ressourcenaktivierung

„Und ich habe mich irgendwie gefragt, aber ich habe so viel Liebe in meinem Leben, von Familie oder Freunden und da habe ich ganz stark einen Zugang dafür gespürt.“
(P1, Pos. 641)

Patient*innen beschrieben in unterschiedlicher Weise, wie Beziehungen zu anderen Menschen ins Bewusstsein getreten oder durch die Teilnahme an der Studie gestärkt worden seien (P1, P5, P6, P8, P10, P11, P12).

Zwei Personen berichteten Visualisierungen nahestehender Person als „Wächter“ oder „Kraftquelle“ während den Substanzsitzungen (P10, P11). Andere Patient*innen berichten in den Substanzsitzungen „in Kontakt“ mit verstorbenen Familienmitgliedern gekommen zu sein (P11, P12). Dies habe ihnen ermöglicht Anerkennung dieser Personen zu erfahren, sich zu bedanken und verabschieden zu können. Eine Person beschrieb, dass Sie sich von einer nahestehenden Person nach den Substanzsitzungen hinsichtlich ihrer noch bestehenden depressiven Symptomatik verstanden gefühlt habe (P8). Auch beschrieben zwei Personen eine Intensivierung der Beziehungen zu nahestehenden Personen in Folge der Behandlung (P8, P12).

Aus: Schmidt, Christopher. (2023). Wirkfaktoren der Psilocybin-unterstützten Therapie – Eine qualitative Studie mit Patientinnen und Patienten der EPisoDE-Studie, Masterarbeit am Fachbereich Biologische und Klinische Psychologie der Universität Trier.
].

„[...] Das hat sich so angefühlt, als hätte ich da so einen Blick auf meinen inneren Kern werfen können oder so auch den göttlichen Kern in mir oder göttlichen Funken oder; ich kann bestimmt noch mehr Umschreibungen dafür finden, aber das war sehr eindrücklich, weil ich auf einmal das Gefühl hatte, okay, ich habe da einen Kontakt zu dem, was sich durch mich in diese Welt bringen will oder durch mich in dieser Welt leben will. Und das war etwas sowohl sehr Kraftvolles, als auch etwas wertvoll Schönes.“

(P10, Pos. 33)

Lebenswille

Ressourcenaktivierung

Ein Patient beschrieb, dass er aufgrund der „Erfahrung seines göttlichen Kerns“ allgemein einen stärkeren Lebenswillen verspüre (P10).

Aus: Schmidt, Christopher. (2023). Wirkfaktoren der Psilocybin-unterstützten Therapie – Eine qualitative Studie mit Patientinnen und Patienten der EPisoDE-Studie, Masterarbeit am Fachbereich Biologische und Klinische Psychologie der Universität Trier.

].

Is „Treatment with psychedelics psychotherapy“?



[Back to table of contents](#)

Commentary

Must Psilocybin Always “Assist Psychotherapy”?

Guy M. Goodwin, F.Med.Sci., Ekaterina Malievskaia, M.D., Gregory A. Fonzo, Ph.D., Charles B. Nemeroff, M.D., Ph.D.

Published Online: 12 Jul 2023 | <https://doi.org/10.1176/appi.ajp.20221043>

Sections PDF/EPUB

[Previous Article](#)

[Full Access](#)

Tools Share

Drugs such as psilocybin and many other serotonergic agents can produce a powerful psychedelic experience. It is now commonplace to hear the expression “psychedelic-assisted psychotherapy” or “psychedelic-assisted therapy” when their use in treating mental health conditions is described. Are we clear on what we are trying to describe? Take the definition of psychedelic-assisted therapy offered by a new European organization for psychedelic access and research (1):

The fundamental therapeutic benefit of PAT [psychedelic-assisted therapy] comes from the combination of psychedelic medicine and therapy. The drug is a catalyst for treatment, not a treatment in itself.... In other words, psychedelics’ novel therapeutic value stems from their role as enhancements to a psychotherapeutic process, grounded in a relationship-centered approach, that views mental health through a biopsychosocial lens.



THE LANCET
Psychiatry

This journal Journals Publish Clinica

PERSONAL VIEW | ONLINE FIRST

Treatment with psychedelics is psychotherapy: beyond reductionism

Prof Gerhard Gründer, MD • Manuela Brand, Dipl Psych • Lea J Mertens, MSc • Henrik Jungaberle, PhD • Laura Kärtner, MSc • Dennis J Scharf, MD • et al. [Show all authors](#)

Published: December 12, 2023 • DOI: [https://doi.org/10.1016/S2215-0366\(23\)00363-2](https://doi.org/10.1016/S2215-0366(23)00363-2) • Check for updates

Debatte zwischen Prof. Dr. Guy Goodwin und Dr. rer. nat. Max Wolff

MIND Community Plattform (<https://community.mind-foundation.org>)

M MIND Community

+ Create

From the Mighty Team

Feed

Discovery

Members

Events

General

News

Augmented Psychotherapy Trai...

Search MIND Community

Feed

SHOWING PERSONAL FEED

SORTED BY LAST ACTIVITY

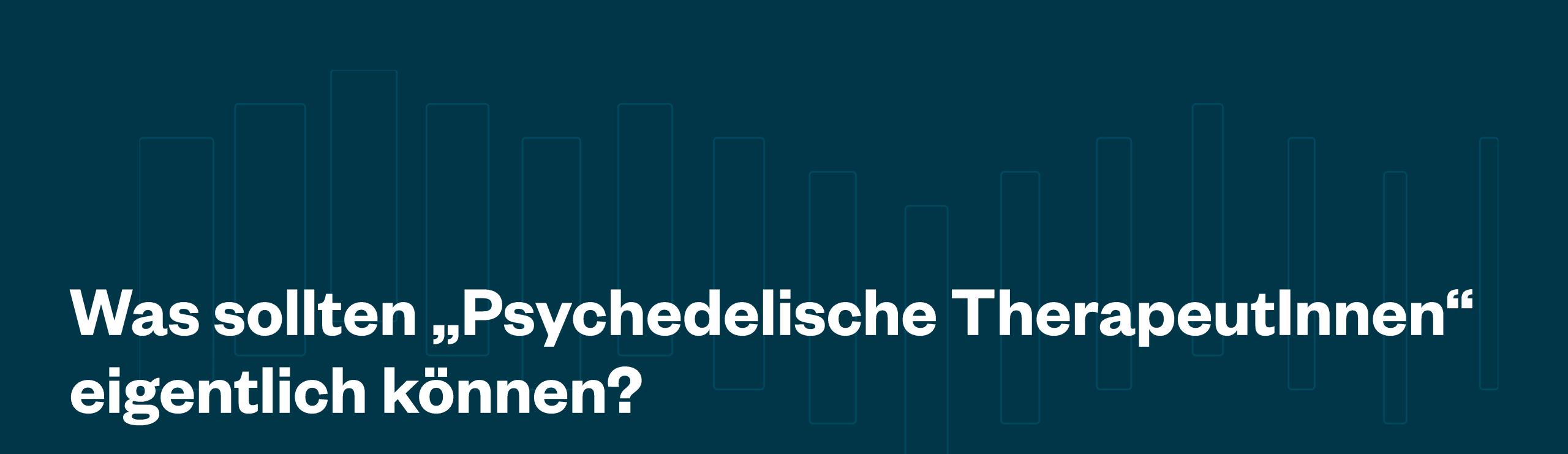
Featured SEE MORE

 Recording: Do Psychedelic Treatments always Require Psychotherapy?

marvin däumichen

 SECRET
AUGMENTED PSYCHOTHERAPY TRAI...
APT 22 ENG - Augmented Psychotherapy
The postgraduate training course for psychedelic therapists and co-therapists.
Group APT 22 ENG.
Last Active 11h ago

 AUGMENTED PSYCHOTHERAPY TRAI...
APT 22 GER - Augmented Psychotherapy
Der postgraduale Weiterbildungskurs für
psychedelische Therapeut*innen und Co-Therapeut*innen.
Last Active 11h ago



Was sollten „Psychedelische TherapeutInnen“ eigentlich können?

Augmentierte Psychotherapie (APT)

APT – Outcomes

- 1 Applying psychotherapeutic concepts, methods, and attitudes to shape psychedelic-augmented and integration therapy
- 2 Understanding the scientific and philosophical basis of psychedelic-augmented and integration therapy
- 3 Communicating and cooperating with health care institutions and colleagues in multi-professional teams
- 4 Screening patients and planning individualized treatments
- 5 Preparing patients for psychedelic experiences
- 6 Inducing, monitoring, and supporting psychedelic experiences in psychotherapeutic settings
- 7 Supporting patients in the process of integrating psychedelic experiences
- 8 Preparing patients for the post-treatment phase
- 9 Communicating harm-reduction to colleagues, patients, and supporting systems
- 10 Complying with legal requirements and understanding ethical challenges of psychedelic-augmented and integration therapy
- 11 Comprehending the anthropological, social, and medical history of psychedelics
- 12 Acknowledging the relevance and limits of self-experience with altered states of consciousness for shaping therapeutic processes
- 13 Understanding existential dimensions of the psychedelic experience and incorporating this knowledge in therapeutic practice and self-development



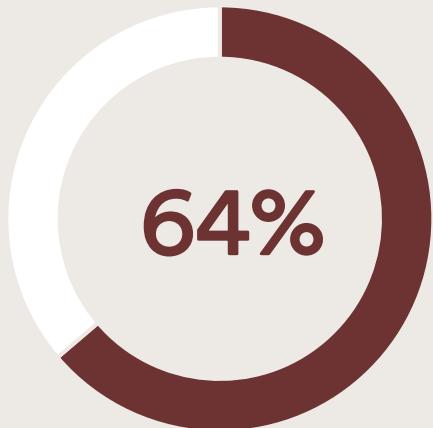






Wen bilden wir weiter?

Akzeptanzrate



Participants screened: 239
Participants accepted: 148

Derzeit in Weiterbildung



4 courses are running (3/1)
APT 1.0: 24 months model (75)
APT 2.0: 15 months model (29)

Abgeschlossen



1 course finished
Certified:
5 „Psychedelic Integration Therapy“
5 „Augmented Psychotherapy“

Letzter Kurs



Begonnen am 26.11.2023

Who are we training I?



Donec nulla non metus auctor egestas fringilla. Maecenas faucibus mollis interdum.

Who are we training III?

Medical doctors without
training

in psychotherapy

23%

28%

Psychotherapists

33%

7%

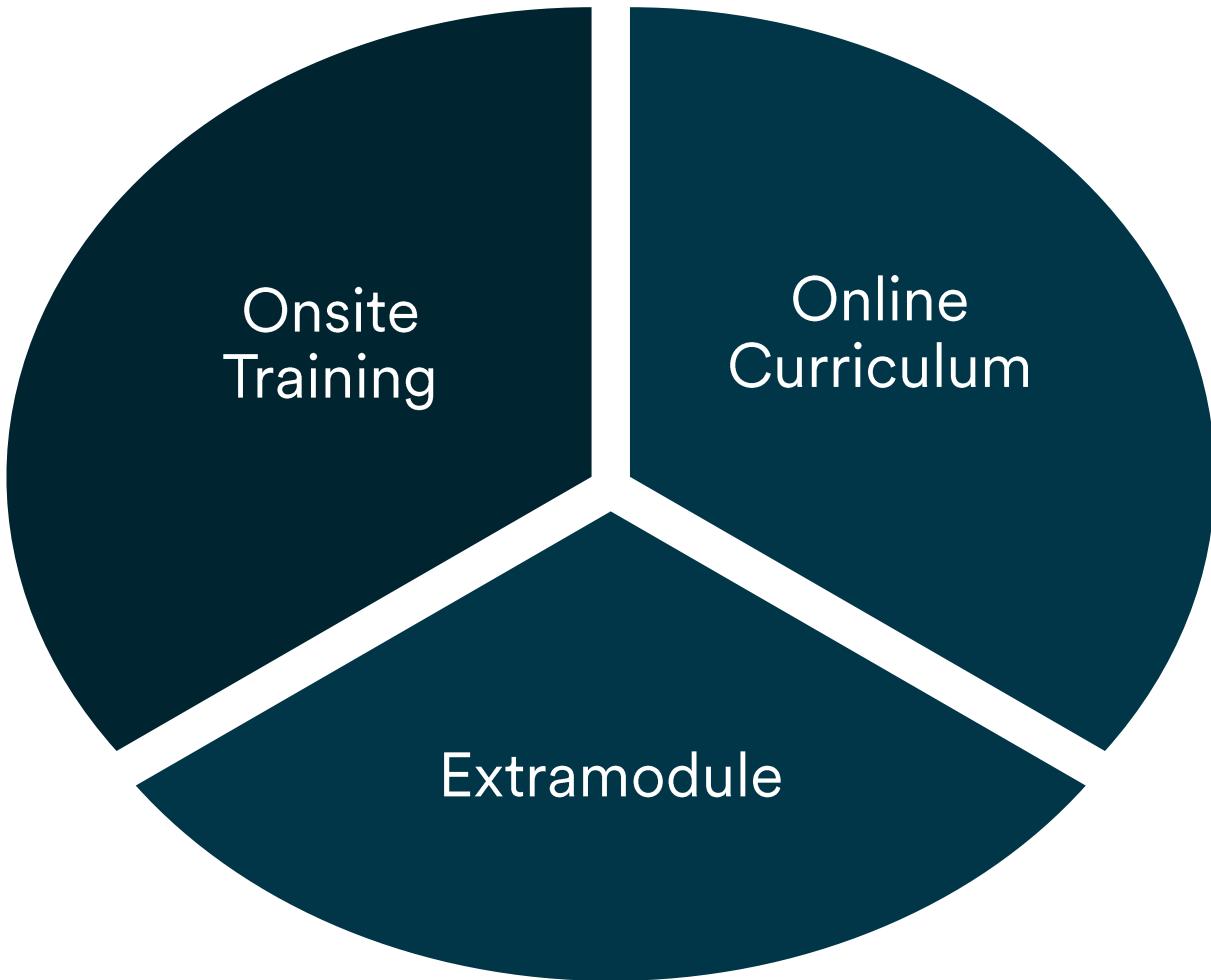
Others

8%

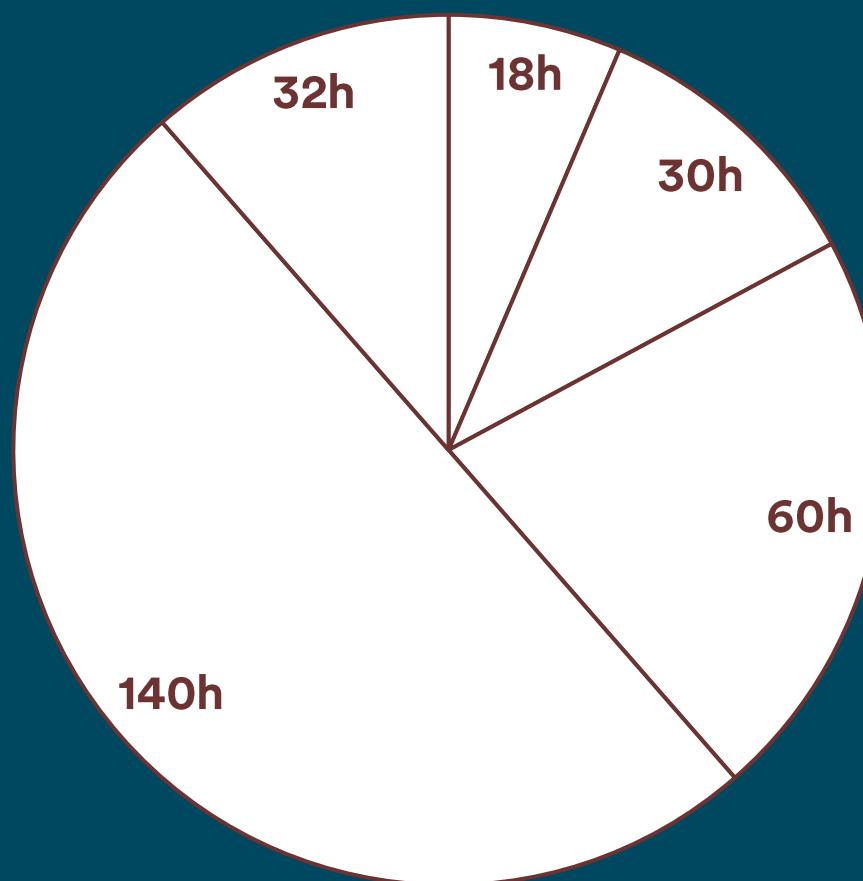
Medical doctors with training
in psychotherapy

Clinical Psychologists without
psychotherapy training

APT Struktur



APT Struktur – zeitliche Aufteilung



THERAPIST

TERAPY TRAINING (APT)

Therapy Certificate

ed Psychotherapy Certificate



nd-foundation



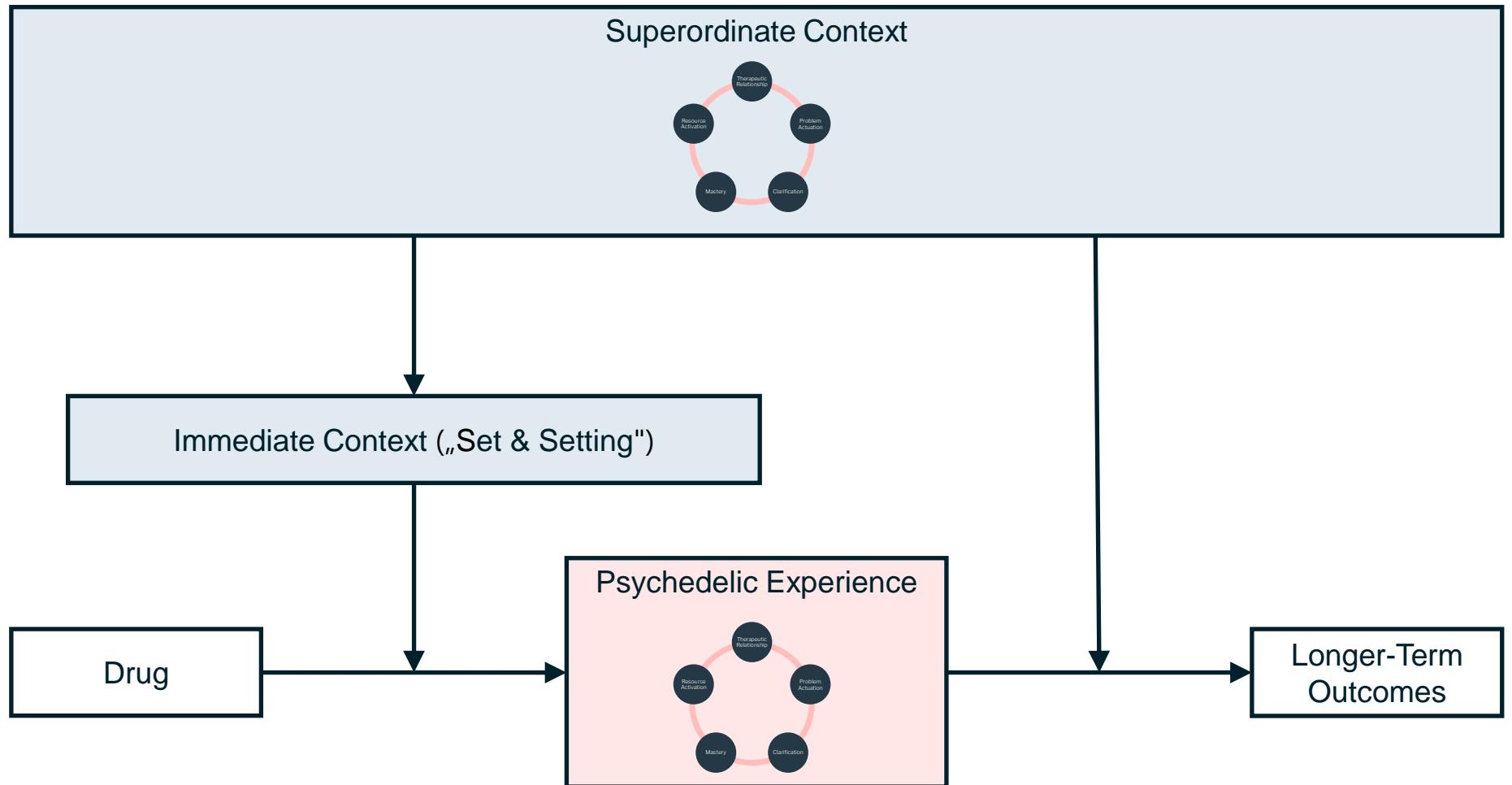




Zusammenfassung Psychedelische Therapie 2024

Augmented Psychotherapy

Shaping the context for therapeutic experiences and integration



Psychedelic Therapy and Psychotherapy Research at MIND

Connecting the dots between two fields that belong together

Practical implementation



Augmented
Psychotherapy
Training
(APT)



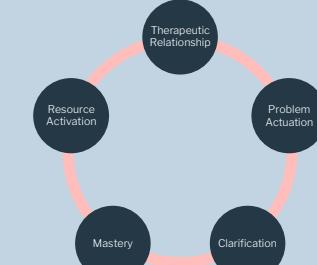
Theoretical integration



Learning to Let Go: A Cognitive-Behavioral Model of How Psychedelic Therapy Promotes Acceptance

Max Wolff^{1,2,3*}, Ricarda Evens⁴, Lea J. Mertens⁵, Michael Koslowski⁴, Felix Betzler⁴, Gerhard Gründer⁵ and Henrik Jungaberle³

Wolff et al. (2020)



Wolff et al.
(under review)

Qualitative research



Patient's experiences in the EPIsoDE study

Quantitative research

Original Paper

The Acceptance/Avoidance-Promoting Experiences Questionnaire (APEQ): A theory-based approach to psychedelic drugs' effects on psychological flexibility

Max Wolff^{1,2,3} , Lea J Mertens⁴ , Marie Walter⁵, Sören Enge⁶ and Ricarda Evens²



Journal of Psychopharmacology

© The Author(s) 2022



Article reuse guidelines:

sagepub.com/journalsPermissions.nav

DOI: 10.1177/02698811211073758

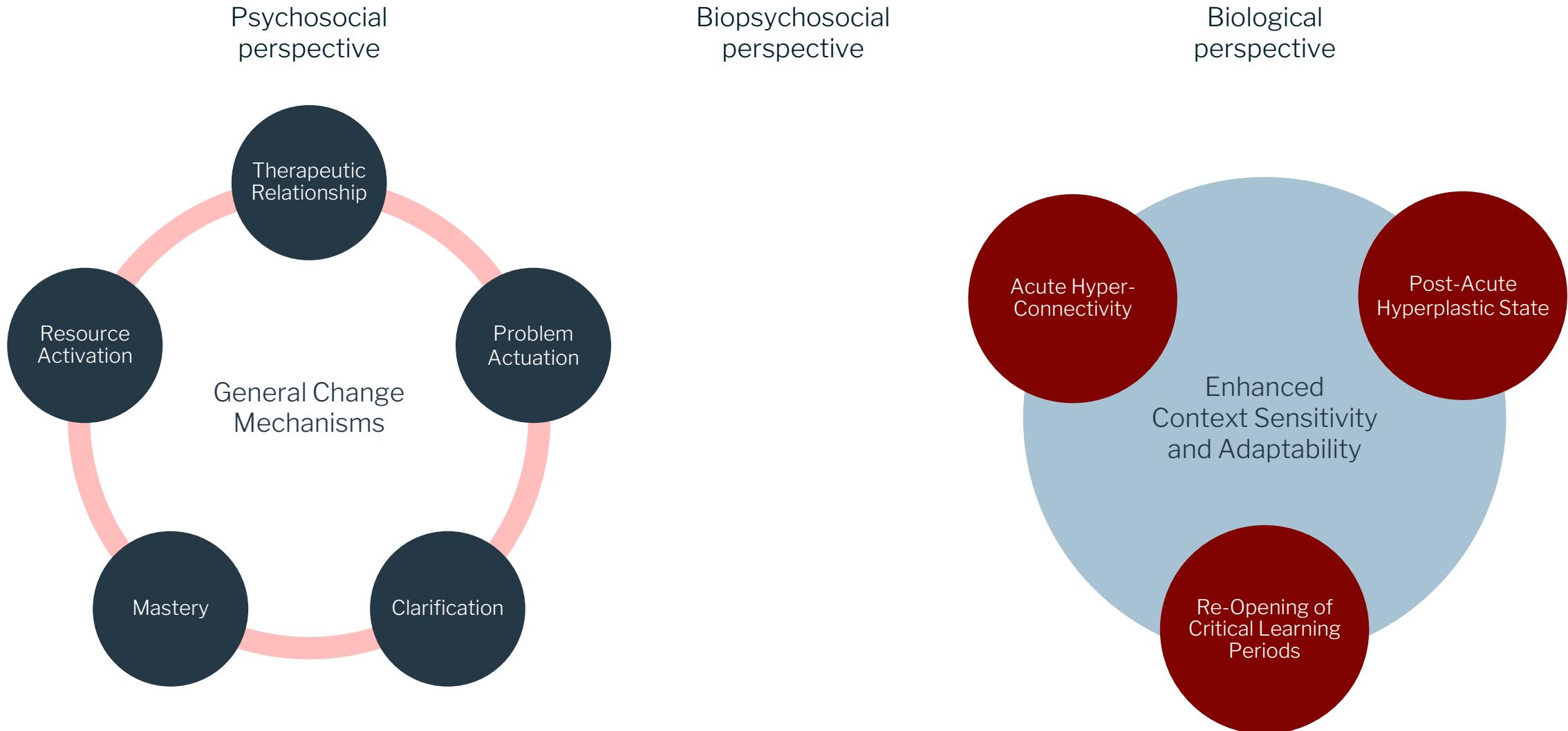
journals.sagepub.com/home/jop



Acceptance/Avoidance-Promoting Experiences Questionnaire (APEQ; Wolff et al., 2022)

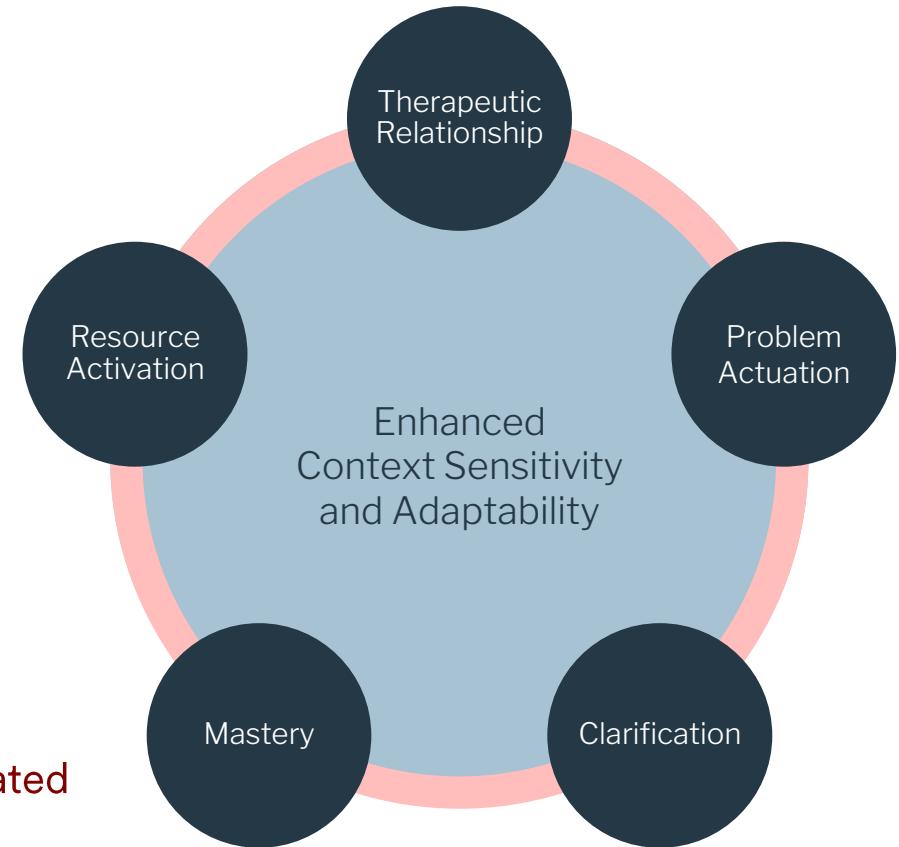
General Change Mechanisms Questionnaire (GCMQ; Wolff et al., in prep)

A Biopsychosocial Model of Psychedelic Therapy

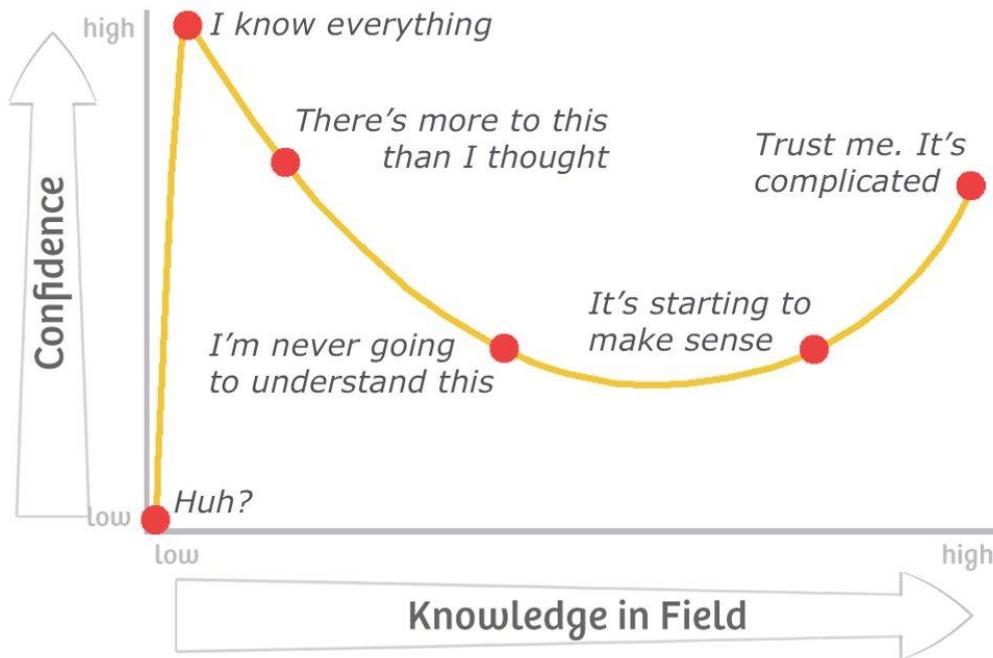


A Typology of Objections

- **Constructive skepticism:**
“Show me the evidence!”
- **Biological reductionism:**
“Psychosocial aspects can be ignored!”
- **Psychosocial reductionism:**
“Biological aspects can be ignored!”
- **Traditionalism:**
“Drugs (of abuse!) cannot play a meaningful role in psychotherapy!”
- **Tribalism:**
“My own preferred brand of psychotherapy provides the only valid approach to psychedelic therapy!”
- **Psychedelic exceptionalism:**
“The psychedelic experience is too special or sacred to be accommodated by profane theories!”
- **Magic bulletism:**
“Why bother? Psychedelics are so inherently good, they will solve all of our problems anyway!”



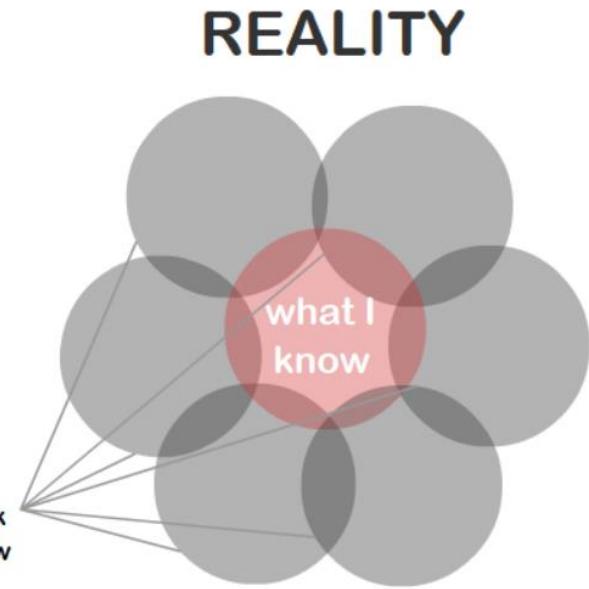
Braucht es Psychotherapeuten und Ärzte in der Psychedelischen Therapie? – Jeder kann doch anderen einen „Trip“ geben



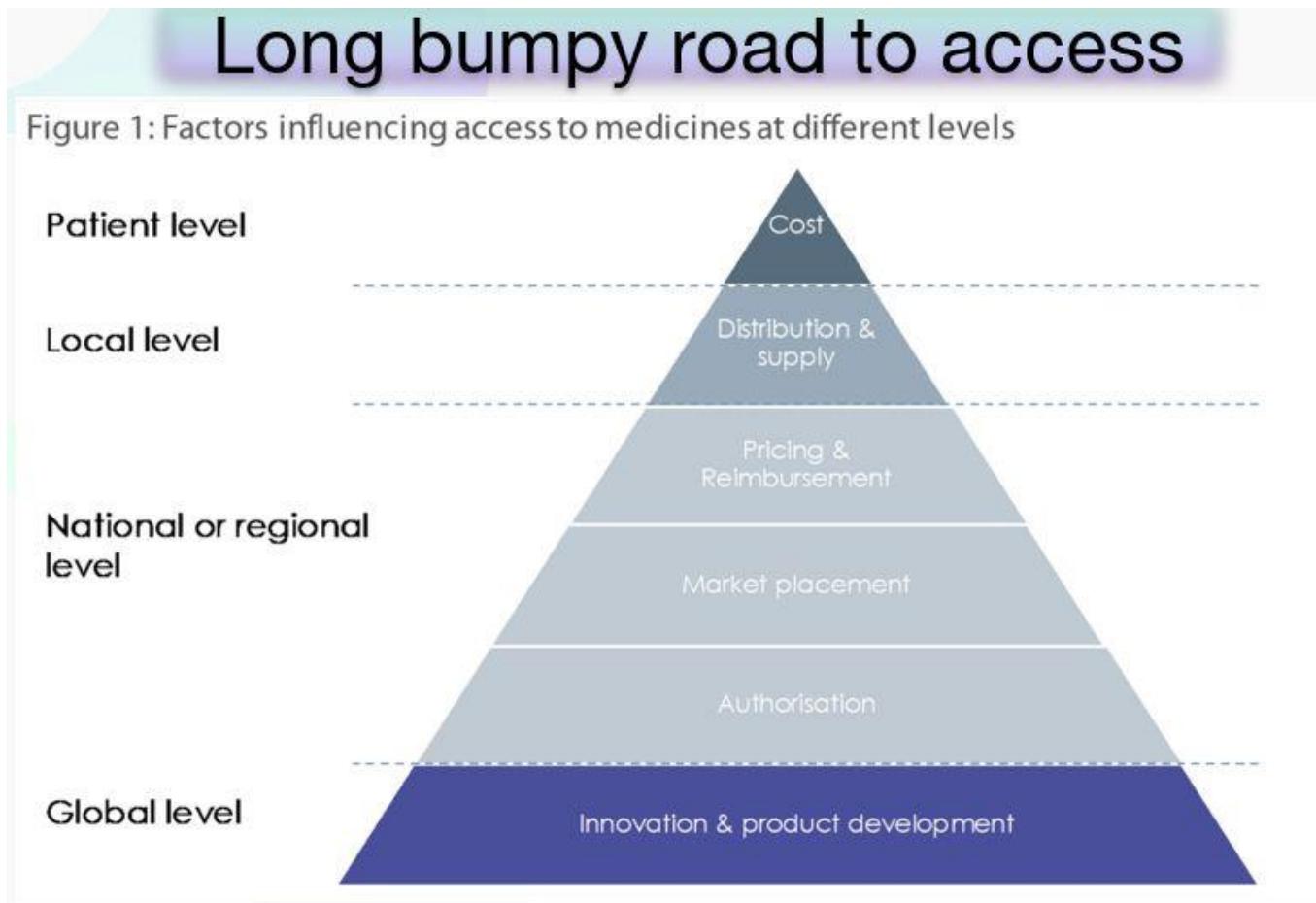
IMPOSTOR SYNDROME



what I think others know

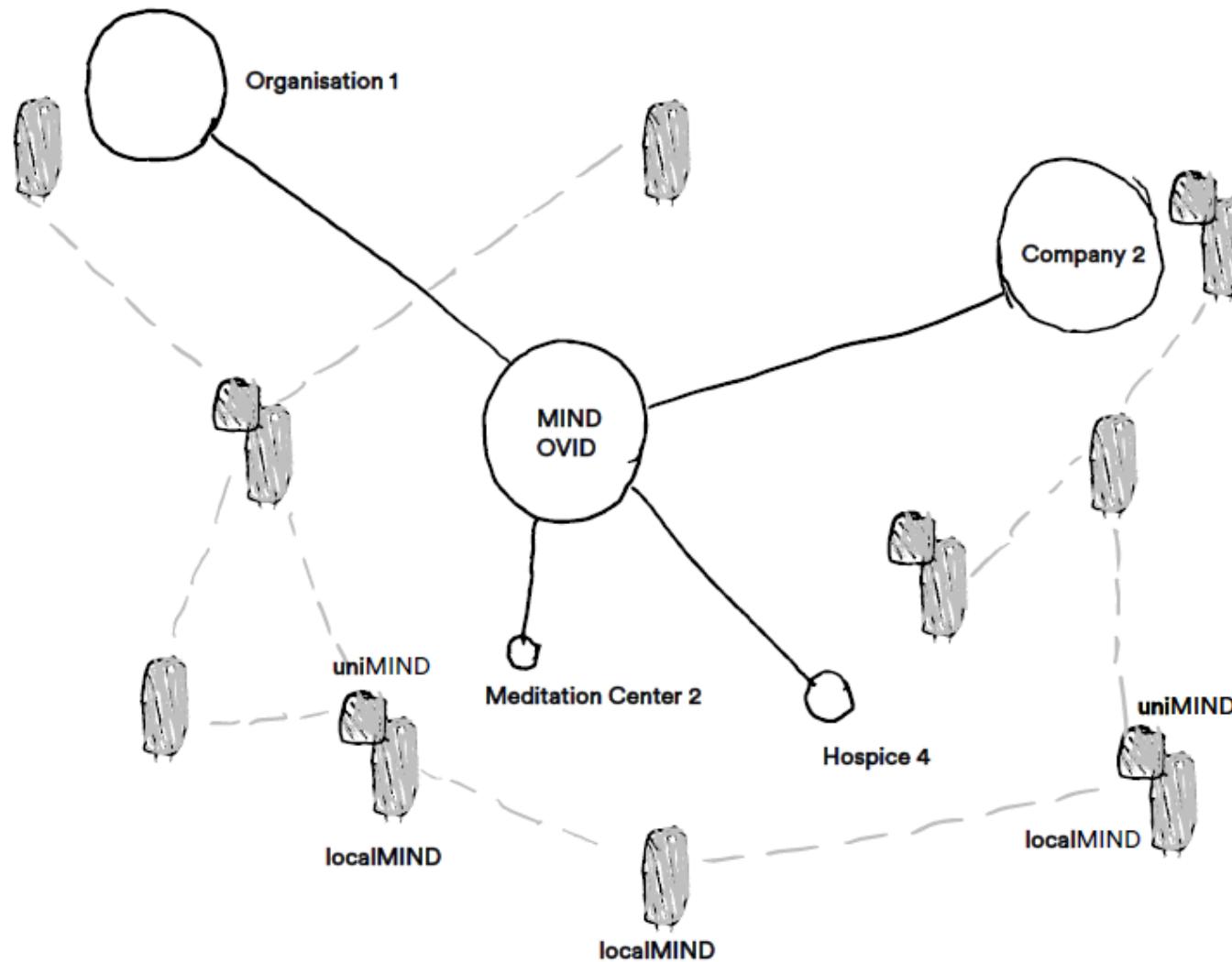


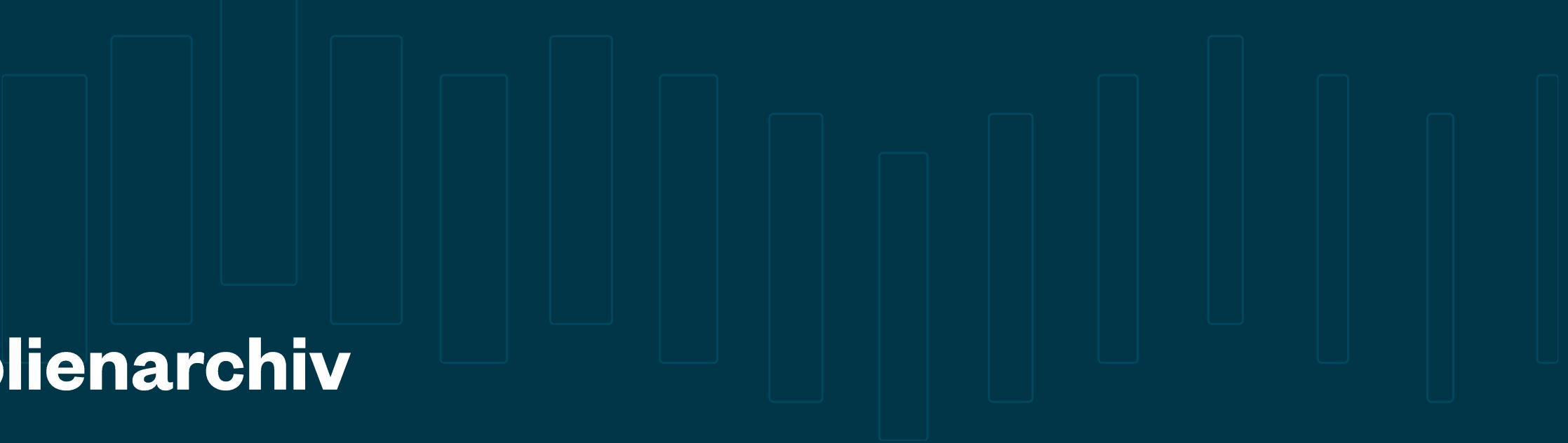
Wie kommen Psychedelika zu „echten“ PatientInnen?



Leuchtturm-Projekte – Kooperationen - Wissenschaftskommunikation

INSIGHT Forum und Zentrum für Medizin und Bewusstseinskultur





Folienarchiv

There is a Variety of Psychedelic Practices and Milieus within and beyond Medicine – and not everyone wants to “change” or “develop”

