Synergies Unveiled:
Exploring the Intersection of Psychedelic Assisted Therapy & Energy Psychology
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Learning Objectives

**Objective #1:**
Describe at least three applications of psychedelics for therapeutic purposes.

**Objective #2:**
Identify three elements that characterize the Psychedelic Assisted Therapy model.

**Objective #3:**
Name three ways to integrate Energy Psychology techniques into Ketamine Assisted Therapy.
My goals for this talk

- Give you the building block to understand the conversation about psychedelics,
- Give you an understanding of why does this matter to me as an EP practitioner,
- Answer the question “If I’m interested in getting to know more about PAP what do I do?”
- Discuss integrating PAP/KAP and EP into a therapeutic framework,
- Briefly talk about implications for the field of EP.
Meet Lucie: Identities

Biases / Privilege / Identities

My social location informs my opinions and my experiences in ways that might unintentionally exclude or misrepresent people who have less privileged identities. This is particularly true in the context of psychedelics in which:

• white folks have appropriated native wisdom in a unilaterally beneficial way,

• people of color have been disproportionately affected by the war on drugs.
Meet Lucie: Credentials

2009: EFT certification

2011: Matrix Reimprinting training

2016: Masters in Mental Health Counseling, trauma specialization from Lesley University, Cambridge MA

2016-2022: Worked at Volunteers of America as a clinician then as the clinical director of the MassBay Veterans Center, Somerville MA

2022: Transition to private practice working with developmental trauma

2023: Certificate in Psychedelic-Assisted Therapies & Research
My Story: Why Trauma?

• I started being obsessed with working with trauma and specifically working with veterans well before I understood why.

• Initially I thought it was merely geography: I grew up in Baghdad, Iraq from age 2 1/2 to age 5 1/2 during the Iraq/Iran war.

• Then I started empathizing and recognizing myself in my clients. Personality traits I had had for years started to emerge in my awareness as symptoms of trauma. Surrounded by people with PTSD and an experience of war, I started making sense to myself.
My Story: Why Trauma?

• But trauma isn't just what happens to you. It's also what didn't. I go from deliriously happy baby/toddler to moody preschooler overnight. Why? Disruption in attachment at the height of separation anxiety.

• My brother was born when I was 2 1/2. In fact, he was just two months old when we moved to Baghdad. Visiting him in the maternity ward is my first narrative memory.

• My parents were very impacted by the dominant behavioralist wisdom of the day. They thought that my brother and I would not remember our experience. And they didn't want to reinforce unwanted behavior by acknowledging it.
My Story: Why PAP?

My trauma treatment toolbox included at the time:

- somatic practices: Somatic Experiencing and co-regulation,
- energy psychology tools: EFT, Matrix Reimprinting, TFT, Access Consciousness, Psych-K, Emotion Code,
- energy healing practices: Donna Eden and Barbara Brennan energy medicine and reiki,
- DBT such as the rainbow of grounding techniques, mindfulness, distress tolerance, etc.

And yet, while working with veterans, there were always clients I was not able to help. Some veterans were too scared to actually engage with trauma treatment. However, they weren't too scared to do drugs... Psychedelics as harm reduction?

What eventually convinced me was the research.
Why Psychedelic Assisted Therapy Matters?

The psychedelic renaissance is here to stay!
- MDMA is expected to be rescheduled - maybe in August 2024 - and psilocybin will follow suit.
- Plant medicine is being decriminalized in towns and states throughout the country.
- The research is exploding.
- But also the interest and the demand is exploding.

A few implications:
- Your client are going to ask you for your opinion and guidance,
- You will have clients come to you who are already involved in some form of psychedelic “treatment,”
- This renaissance is the ideal time to look at synergies between energy psychology and psychedelic assisted psychotherapy to co-promote EP and bring more healing to the world.

It matters because it works! We’ll talk about some of the evidence later…
A Few Definitions

• Hallucinogens - don't use that one!
• Non-ordinary States of Consciousness
• Psychedelics - "soul revealing"
• Entheogenic - "god within"
• Classic psychedelics - LSD, psilocybin, ayahuasca, mescaline, etc.
• Empathogens - MDMA and other phenethylamines, kanna, etc.
• Dissociatives - ketamine, ibogaine
• Journey/Experience
• Psychedelic dose versus psycholytic dose “soul dissolving”
Source: Elsevierhealth.com
Indigenous vs. Synthetics

Plant medicine has been used by indigenous populations for millennia. Nowadays, with the plunder of indigenous plants, the intellectual theft of native knowledge, and the overall cultural appropriation rampant in psychonaut circles, it behooves us to make sure that we give credit where credit is due, include native voices when relevant, or stay out of the indigenous culture and plants involved in sacred plant medicine circles.

Which is why this presentation is concentrating on synthetic psychedelics, with the caveat that psilocybin, although it was originally extracted from psychedelic mushrooms, is now synthesized in labs.
Key Concepts in PAP

Set and Setting

Set refers to mindset which is how a person approaches the journey, but also how they relate to their past experience, how they conceptualize healing, etc.

Setting refers to the surroundings, the team of helpers, the trust level with that team, and their ability to hold space and foster emotional safety.

The medicine is potentiated by the set and setting. Which is why one in a supportive therapeutic environment will get more out of the experience than if they were in a different setting.
Key Concepts in PAP

- Inner Healing Intelligence
- Intention: what you need to know in order to get closer to what your intention is is what shows up during the session
- Surrender your intention and expectations
- Psychedelics promote neuroplasticity
- Psychedelics lead to a lessening of sensory gating and avoidance/dissociation
- Psychedelics enhance sense of safety
- The relationship - in particular the safety and trust in the relationship potentiatess the window of opportunity that the substance opens
- “There is no bad trip” Bill Richards
Different Settings & Models

Recreational
Self-Help
Ceremonial
Psychological: psycholytic and psychedelic
Medical

Psychedelic Assisted Psychotherapy - or PAP - belongs squarely in the psychological model and is inspired by the research model in place since the 1960's which was solidified by MAPS research..
Psychedelic Assisted Psychotherapy Format

Based on the format used widely by researchers in psilocybin and MDMA assisted therapy but also by clinicians using ketamine assisted therapy.

2 to 3 Preparation sessions
1 Dosing session
1 to 3 Integration sessions
Rinse and repeat for 3 to 6 dosing sessions
Reassess
Frequency? Depends on the dose and depends on who you ask…
Psychedelic Assisted Therapy Works!

Here's some research…


Fig. 2 | A working hypothesis of psychedelic-induced changes in brain connectivity.

One model for the mechanism of action of psychedelics suggests that they exert their effects via the cortico-striato-thalamo-cortical loops that control thalamic gating of internal and external sensory and cognitive information to the cortex. Consistent with this idea, it has been shown that these psychedelics disrupt pre-attentive sensorimotor gating in humans. Furthermore, evidence from some human neuroimaging studies shows that psychedelics increase functional connectivity between the thalamus and sensory cortical regions and decrease thalamic functional connectivity with association areas. Lysergic acid diethylamide (LSD) has also been shown to increase effective connectivity from the thalamus to the posterior cingulate cortex (PCC) and the ventral striatum. These findings support a reduction of thalamic filtering of interoceptive and exteroceptive information and increased information flow to particular areas of the cortex, and are also compatible with the hypothesis of sensory bottom-up overflow and relaxed priors as described in the REBUS model. At the same time, increased synchronization of sensory cortical regions and decreased integration of association regions has repeatedly been reported. Therefore, as illustrated in the schematic, a reduction of thalamic filtering may lead to an increase in sensory processing that is not counterbalanced by integrative processing in association cortices. This dysbalance may be experienced as psychedelic symptoms. This figure is not a comprehensive summary of neuroimaging results obtained under the influence of psychedelics (see main text for more details) but, rather, represents a working hypothesis of potential mechanisms underlying the psychedelic state that needs to be tested in future studies.
Fig. 3 | Functional psychedelic-induced alterations that may underlie therapeutic effects. Schematic shows changes in emotional processing, self-processing and social processing that have been measured acutely in controlled trials after the administration of psychedelics. These acute effects may contribute to the potential therapeutic effects of these substances.
MAPS Phase 3 Trials

MDMA simultaneously induces **prosocial feelings** and **softens responses to emotionally challenging and fearful stimuli**\(^{19}\), potentially enhancing the ability of individuals with PTSD to benefit from psychotherapy by reducing sensations of fear, threat and negative emotionality\(^{18,19}\). The low dropout rate for MDMA-AT has been replicated across seven studies, suggesting that MDMA induces a true shift in participant engagement\(^{12,13}\). In contrast, a recent study comparing psychotherapies in veterans with PTSD reported dropout rates of 55.8% and 46.6% for prolonged exposure and cognitive processing therapy, respectively\(^{31}\). The MAPP2 **dropout rate was 1.9%** (1/53) in the MDMA-AT group and 15.7% (8/51) in the placebo with therapy group. The higher proportion of dropouts in the placebo with therapy group relative to MDMA-AT could be attributed to participants receiving less effective treatment and to disappointment from ineffective therapeutic blinding, although blinding survey data showed that not all participants correctly identified the treatment that they received.
Phase 3 Trial Results Published

67% of participants in the MDMA-assisted therapy group no longer had PTSD after 3 sessions, compared to 32% in the placebo with therapy group.

MDMA-ASSISTED THERAPY

Mitchell 2021, Nature Medicine
Potential Dangers/Concerns

- Medical considerations
- Interactions with medications
- Abuses of power
- Use of touch (get consent for assistive or therapeutic touch, no sexual touch whatsoever)
- Lack of emotional and psychological safety (medical model and at-home ketamine deliveries)
- Affordability considerations
- Cultural fit
My case study

I’m not a drug person. I don’t even like cannabis and only drink alcohol socially and moderately.

What convinced me to train in PAP is the evidence brought forth by the research and how I could see it meeting a need that all my tools - and I have many! - were failing to address.

However, for myself, I thought that psychedelics were just a shortcut. Something that allows you to go to the same “places” or non-ordinary states of consciousness I had encountered during meditation or energy healing. I thought that with years/decades of healing and spiritual practice I had all the tools to engineer the same results as psychedelics (story of Ram Das and Maharaji). But I was wrong!
THE BELL CURVE OF THE AUTONOMIC NERVOUS SYSTEM

DORSAL VAGAL PNS (IMMOBILITY RESPONSE)

FREEZE
Numb - disconnected
Panic
Panic
FREEZE
FLOOD

AROUSAL
SYMPATHETIC NERVOUS SYSTEM
(FIGHT AND FLIGHT RESPONSE)

Fear
Anxiety
Worry
Concern

EMOTIONS LESS INTENSE

BASELINE
VENTRAL VAGAL PNS (SOCIAL ENGAGEMENT)

Source: Sergio Ocampo, Somatic Experiencing course, April 2024
My case study

Psychedelics allowed me to go much deeper than any healing tool or even the temporary experience of samadhi in meditation has. I was able to access suppressed or dissociated material that was never accessible to me before. The material then got processed with the help of a solid therapeutic support team. And it continues to be integrated to this day.

Also… Psychedelics allowed me to reach a new level of functioning where my nervous system activation baseline is lower. This, in turns, leads to all other tools working better (EP, mindfulness, meditation, somatic practices, breathwork). They’re all suddenly more effective now.
My case study

One example: For as long as I can remember, I’ve had recurring dreams about being chased, alone, by a mob intent on hurting me. After my first kanna journey, the shift was so deep that it reached my subconscious and was reflected in the nature of my dream: there was still an angry mob, but I wasn’t alone, I had a team of people with me, and I could feel that I would be fine.

Empathogens in particular allow for the self-defeating patterns preventing recovery from trauma to transmute. Sociability is part of what heals. But for someone who has perceived people as unsafe since age 2, sociability was deeply threatening. I used to perceive play and sports as threatening and massively unsafe. And I had plenty of evidence reinforcing that worldview: bullied, assaulted, ostracized, relationships with people who were unable to love me, etc. The things that could help me heal didn’t feel safe and never got past my sensory gating/protectors.
My case study

It’s hard to say for sure what transformation EP and what psychedelics have facilitated in my life. However, we have a control subject: My brother.

To be fair, he’s had a much rougher go than me because he was younger than me when exposed to danger (his first memory is the explosion of the power plant as a result of bombings), and didn’t have two years of protective experience of safety like I did. Besides, even though we fought every day of our lives together completely unchecked (thanks behaviorism!), because I was older it’s safe to say I started it. In addition, he was dyslexic in an age were there were no accommodations for kids like him, the stigma ran deep, and was always compared to me - a great student - by his teachers.

However, we’re talking about an apathetic adult, devoid of ambition, a failure to launch (finally rented his own place away from my parents at the tender age of 43), no full time job, etc. He has great taste in women but they never stick around because of his complete lack of ambition and vision for his life and hasn’t had a girlfriend for 15 years at this point. I, too, was a drifter in my 20s. My point of inflection was discovering EFT. My second point of inflection is discovering empathogens which accomplished things that EFT and other EP tools failed to accomplish.
How to integrate EP & PAP

During prep sessions

- Client will get nervous about the journeys: assuage concerns and use EP to help them regulate
- Client might get confused about what intention to set - especially if they’re afraid to hope: use EP to gain clarity and lessen fear
- Client might get too attached to a specific outcome and set themselves up for disappointment: look at history of disappointment and reprocess its origins with EP

During dosing sessions

- During integration sessions
How to integrate EP & PAP

During dosing sessions

Before dosing
- Quell nervousness before dosing (bring heart rate down before vitals)
- Connect to intention before letting it go

Right after dosing
- Open the mind to the upcoming experience right after dosing
- Practice the skills necessary during the journey

During Journey
- Bilateral stimulator or vagal stimulator can be used
- Practitioner can do their own healing work to stay connected to the client and to the healing space (My favorite? Imaginary TAT!)
- Rationale: Some shamanic traditions, Ho’oponopono, A Course in Miracles
How to integrate EP & PAP

During integration sessions

- The sky’s the limit!
- Process difficult experiences
- Tease out the connection between intention and experience
- Generate insights and cognitive shifts
- Cultivate resource state based on intention
- Discuss with client changes in mindset and behaviors they want to carry into their lives and how to anchor those with practices (EP practices of course!)

Examples of how other discipline have addressed the question of integration:


Experiential Break!
Sadly, no psychedelics involved
Recommendations

• Educate Yourself!
  There will be a time at which you will be faced with questions from your clients, or led to help a client integrate their experience

• Join a Mentoring Group
  I'm thinking of putting together a mentoring group for EP therapists who either want guidance integrating PAP into their practice or would like mentoring if one of their clients is using psychedelics and hoping for integration support

• Call to ACEP to put together official guidelines and/or training and/or research on the integration of EP and PAP
For a new ACEP Community of Practice

They/we will need to define:
- An ethical code of conduct for EP practitioners who want to work with PAP,
- Guidelines on how to **safely** integrate PAP and EP - Maybe even a curriculum,
- How to create the container for practitioners to make the jump from theory to practice,
- Lead research to validate best practice and measure outcomes.

A few guiding principles in the following articles:

References

Education

- MAPS introductory course: https://maps.org/psychedelic-fundamentals/
- CPTR certificate: https://www.ciis.edu/research-centers-and-initiatives/center-for-psychedelic-therapies-and-research
- Fluence Training: https://www.fluencetraining.com/

Resources

- Big Tent Ketamine: https://groups.google.com/g/big-tent-ketamine/about
- Kylea Taylor: https://kyleataylor.com/about/
- Holotropic Breathwork: www.holotropic.com/
- Journey Clinical: https://www.journeyclinical.com/
Bibliography


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Mentorship group starting in July 2024!