

The Effectiveness of Psilocybin-assisted Psychotherapy with Narcotic Addicts: A Request for Funding

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In association with MAPS, I am seeking funding to prepare a grant proposal to the Swiss Federal Office of Public Health / Swiss National Foundation (SFOPH/SNF) for a double-blind controlled study of the effectiveness of high dose and low dose psilocybin-enhanced psychotherapy with narcotic addicts. I'm a Swiss psychologist, psychotherapist and international trainer of a form of psychotherapy called process work. I am co-founder of process work training programs across Europe, a presenter at conferences and a group facilitator with experience in large group process, team building and conflict resolution. For the last ten years I have been living in Oregon while completing my Ph.D. and am planning to return to Zurich.

The project development is planned in Switzerland from July 2001 - July 2002. The Swiss have traditionally done psycholytic therapies, and therapists working with substances do so with permission of the Swiss Federal Office of Public Health. The fact that substance-assisted psychotherapies have been conducted in Switzerland increases the likelihood of getting the necessary permits (Ethics committee, SFOPH). To insure the scientific character of the study, protocol development and implementation will be done in collaboration with experts in the field. If a grant proposal is completed and subsequently accepted by the Swiss foundations - for which there is quite a good chance - a large Swiss grant will finance the actual implementation of the 3 year project, hopefully to take place from Fall 2002 - Fall 2005.

This is a unique opportunity for a large-scale treatment study in the field of applied psychedelic research to be successfully implemented due to a wonderful synergy in time and place of resources and researchers.

Funding needs

For the year July 2001 - July 2002 - until the protocol is completed and the grant proposal accepted by BAG/SNF, I need to generate a funded position for myself for the development of the protocol. Scientific support has been promised so that there should be no delay in establishing the protocol. Preparation will include literature review, design of the methodology of the study, selection of assessment instruments, developing a manual for short term psilocybin-supported experiential psychotherapy, connecting with the collaborating institutions, team building and writing of the grant application. The funding needs for the one-year preparation period are \$65,000. We are hoping to leverage the \$65,000 required for the development of the protocol and grant application into a donation from Swiss federal institutions in excess of \$1 million for the implementation of the study.

Preliminary design of the study

Part of the work during the development phase will be to design a manual-guided (standardized) psychotherapy program lasting six months for psilocybin-supported treatment of narcotic addiction - combining a powerful medicine with cutting edge experiential psychotherapy. A new therapy manual will be developed in close reference to international standard manuals. The manual will comprise a complete guide to typical in-session processes in psycholytic therapy and corresponding sets of possible therapist interventions. The therapy program will include 1) preparation, 2) psychedelic experience and 3) integration phase. Four therapists will treat 16 clients each in up to 30 individual non-drug sessions and in up to 4 repetitions of the psychedelic experience in two-day group sessions. Therapists, clients and raters will be blind to the dosage.

The protocol itself also needs to be designed in detail. The current conception is to enroll about 64 substance-dependent persons who would be randomly selected from a pool of clients who meet inclusion/exclusion criteria, then assigned in matched pairs to either high or low dose group. Outcome criteria would be drug use, craving, psychological problems and personality, life values, criminal activity, and social adaptation. Assessment instruments will include self, clinician and significant other ratings as well as physiological measures, urine analysis and possibly, SPECT, PET and / or fMRI for the study of the effect of therapy on craving. Follow-up evaluations at 6, 12 and 18 months are planned.

Today, Switzerland is a leader in the treatment of addiction. Risk reduction measures are effective and heroin maintenance projects show promising results (Uchtenhagen et al 1999). However, there has been little innovation in alternative treatment. I believe that it is important to invest in creative programs designed to motivate addicted persons toward life style changes including reduction of drug use. I share the confidence of my colleagues that the time is right for this study in Switzerland and expect to obtain government permits and funding with a protocol that meets today's methodological standards.

Process Work

The model of process work is an innovative experiential approach to psychotherapy, dream and body work, conflict resolution and large group work developed by A. Mindell and colleagues over the past 20 years. Its elegant framework - based on the final perspective of Jung - organizes psychotherapy, shamanism, creativity, spirituality and politics/social action into a unified paradigm to personal development and global change.

Drawing on my background in an experiential psychotherapy which emphasizes the non-drug induced use of altered states of consciousness for therapeutic purposes, I explored its application in the treatment of addiction. This led me to study the altered states of consciousness that addicts are seeking through the use of drugs. My dissertation is on the topic:

"Altered states of consciousness as a complement in the treatment of addiction: effectiveness of a single process-oriented intervention - a quantitative and qualitative study".

I believe that an addiction may be, beyond its causal origins, a potentially purposeful behavior, a search for experiences which are missing in an addicts everyday life. The intervention I studied facilitates re-experiencing the drug state or "high" without drugs, with a sober attitude, and deepens the experience in an interactional process through body awareness, movement and relationship work until some deeply felt personal meanings emerge.

In this process, the client learns to separate the drug from the state and experiences the altered state without drugs. The method proposes an inner work practice which assists the addict to access the drug state and to unfold its effects. The idea is that the altered state carries a message which wants to be lived and integrated into the person's everyday life. The goal in the treatment of addiction is not the altered state per se but expansion of awareness and a reorientation toward what has been neglected, in short, toward a spiritual life.

I used an AB experimental design in my dissertation research in which an initial baseline session was compared to an intervention session (accessing the state) with 13 heroin dependent persons. On the SOC-13, a measure of health (Antonovsky 1987), the empirical results demonstrated effectiveness of the intervention with a significant increase of + 7.4 from t1 to t2 from 49.23 to 56.62 (t-test $p=.01$; $r=.75$;

$p=0.003$; effect size $d=0.85$). On the Experiencing scale, a measure of client involvement in process (Klein et al 1969), which is based on ratings of session transcripts and video tapes by trained raters, the increases were significant but in the lower ranges of the scale from 3.24 - 3.65 (t-test $p=0.03$; $r=0.57$, $p=0.43$; $d=0.68$). On the Process Index, an adaptation of the Experiencing scale to process work, the increases were not only statistically significant but measured a full stage increase to critical stage 4, the level where clients start to focus on inner experiencing in a meaningful way (from 2.95 - 4.03; t-test $p=0.000$; $r=0.58$, $p=0.39$; $d=2.27$).

The qualitative results are more difficult to summarize since every individual has a unique process which needs to accurately and precisely be followed in therapy. However, at the risk of simplification, the results illustrate a general tendency toward some core experiential states revolving around yearnings for self love, intimacy in relationships as well as expressing social and spiritual messages. In all cases, aggression in the form of a harsh inner critic, an abuser or a killer was found as a threat in the background pointing to the need for more conscious contact with and integration of that power. The aim is to refocus that inner critic to "kill off" addiction rather than oneself.

The results demonstrated *very significant in-session client progress on a measure of health and improved contact with one's self through entering and unfolding the altered state the person searches for* (at least originally) with the help of a drug. One of the limitations of the study is the lack of follow-up measurements which makes it impossible to draw any conclusions about how long this improved sense of well-being lasted. However, from psychotherapy process research we know that long-term outcomes build on small positive changes in each therapy session. Last but not least, accessing the drug state in a sober manner is just one experiential intervention from a large toolbox of options.

Not only are all of the various treatment modalities needed, I believe, but it is crucial to create innovative alternative methods in addiction treatment. To accomplish just that is the goal of the proposed study of the use of psilocybin-assisted psychotherapy in the treatment of addiction. To test the effectiveness of psilocybin-assisted psychotherapy in the treatment of addiction with state of the art methodology is the dream that drives the project. If you would like to join in this effort to work towards making psychedelics available as medicines to those who could benefit from them, please consider making a restricted donation to MAPS in support of this project..

Please feel welcome to let me know your ideas and suggestions at reini@earthlink.net. For more information see my web page at <http://www.efn.org/~rhauser/>