

WILLIAM A. RICHARDS, Ph.D.
2516 Talbot Road
Baltimore MD 21216-2032

Tel: 410-542-6152

Fax: 410-367-5614
Email: richards3@earthlink.net

April 6, 2009

Rick Doblin
Multidisciplinary Association for Psychedelic Studies
309 Cedar Street #2323
Santa Cruz CA 95060

Dear Rick:

At your request, this letter documents the “Training Project for Mental Health Professionals” that my colleagues and I conducted under Albert Kurland’s IND at the Maryland Psychiatric Research Center in Baltimore over 30 years ago. Most of the 108 participants during the 5-year intake period received a single LSD administration in the context of the procedures we had developed to ensure maximal safety and the highest probability of beneficial responses. All received thorough medical screening, preparatory sessions with an experienced therapist to establish rapport, a skillfully-conducted LSD session, and initial follow-up sessions to facilitate integration of the experiences that occurred during LSD action. Along with our other research projects, this program became dormant in 1977 when a new director of the research center was appointed, the research mission of the Center was redefined, and the Clinical Sciences Division ceased to exist.

Although this study was not published, I can summarize basic information. Of the 108 accepted applicants, 86 were men and 22 were women. Approximately two-thirds of the participants held either an MD and/or a Ph.D. degree. Approximately one-third were psychologists; one-fourth psychiatrists, and the rest were professors of religion or counselors. On the basis of a self-report questionnaire and a therapist’s rating form, two out of three male (and four out of five female) trainees were judged to have experienced a “peak” or transcendental state of consciousness during the period of drug action. Most participants felt their participation in the program had been professionally and personally helpful; there was no psychometric evidence of any adverse short-term effects (Instruments employed included the Raven Progressive Matrices, the MMPI, the POI, the Psychiatric Evaluation Profile and the Benton Visual Retention Test.) Unfortunately this cache of data has been lost, much of it destroyed in the house fire of Stanislav Grof. The motives for requesting inclusion in this study by these basically healthy, high-functioning persons, ranged from a quest for experiential knowledge about “how the psyche works” and spirituality, to better understanding of the possible use of substances like LSD in the treatment of severe neuroses and addictions.

I might add that in those days, all clinical employees at the Maryland Psychiatric Research Center (psychiatrists, psychologists, psychiatric nurses) involved in interactions with human subjects during the period of psychedelic effects participated in a similar training program as part of their on-the-job

training when they first were hired. As you know, the effects of LSD-type drugs can be so unique and powerful, that experiential learning can be considered a significant asset. It is critical that the therapist remain centered and able to provide strong support if a person encounters episodes of anxiety or other psychological distress during the psychedelic session; we felt this was most probable if the therapist had some experiential knowledge of the “psychological terrain” and principles of “navigating” within the psyche. It also served to strengthen rapport, thereby promoting a positive psychological set and sense of safety. It may also be noted that investigators in other sites (i.e. Ludwig & Levine in their alcoholism study) who chose not to train their therapists and who sought to treat LSD as “just another psychopharmacological substance” tended to produce neutral or negative results. My impression is that expectation and the atmosphere of trust are variables of the utmost importance in pursuing research with LSD-type drugs in a maximally safe and ethical manner. We clearly know at this point in time that therapeutic responses to drugs of this type are not indicative of a simple “drug effect”; rather it is discrete states of consciousness that appear to facilitate positive behavior change.

Sincerely yours,

William A. Richards, Ph.D.