

PSYCHEDELIC MEDICINE AND KETAMINE (ASSISTED PSYCHOTHERAPY)

- FOR TRANSGENDER AND
GENDER EXPANSIVE PEOPLE
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A brief history on
Psychedelic Research and
psychedelic medications

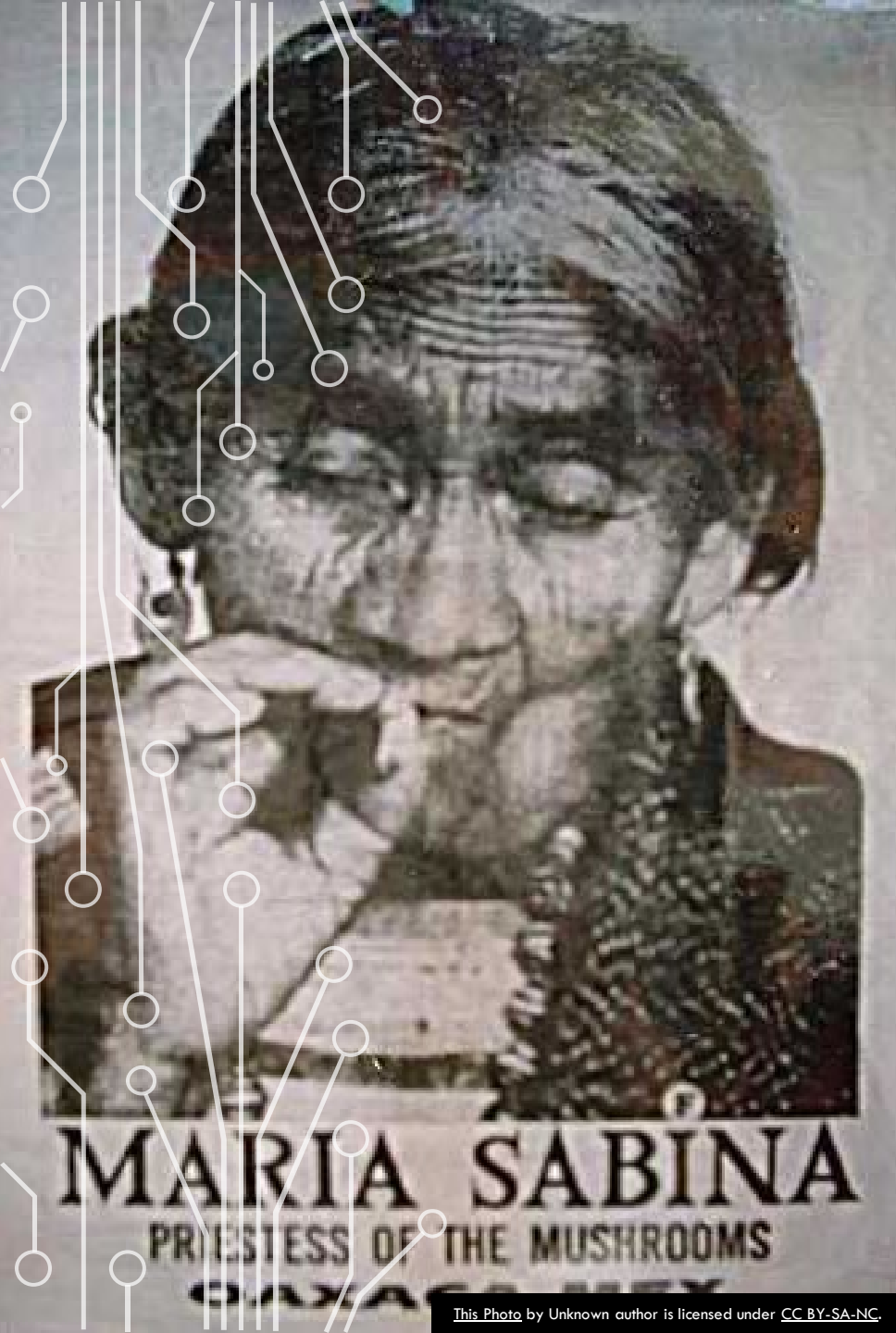
Psychedelic and
Ketamine Assisted
Therapy

Ketamine practice in
transgender healthcare

THE HISTORY OF PSYCHEDELIC MEDICINE

- Psychedelic plant medicines have been used by Indigenous cultures for many years for health, healing, as part of cultural and spiritual ceremonies.
- In 1957 Gordon Wasson described his experience in Life Magazine taking psilocybin in a ceremony with Maria Sabina in Mexico.
- In the sixties many research studies were performed on the clinical use of psychedelic medicines for depression and end of life anxiety which laid the foundation of current practice (preparation, set, setting, integration).
- In the 1970's The Drug Enforcement Agency (DEA) established the Controlled Substances Act (CSA) to classify psychedelics as Schedule I substances (no medical use, high abuse potential)
- In the 1990's limited trials were allowed and in the 2000's a rebirth occurred with clinical trials showing effectiveness of psychedelics for certain mental health conditions.

Etkin N. Ethnopharmacology: biobehavioral approaches in the anthropological study of indigenous medicines. *Annu Rev Anthropol.* 1988;17(1):23-42





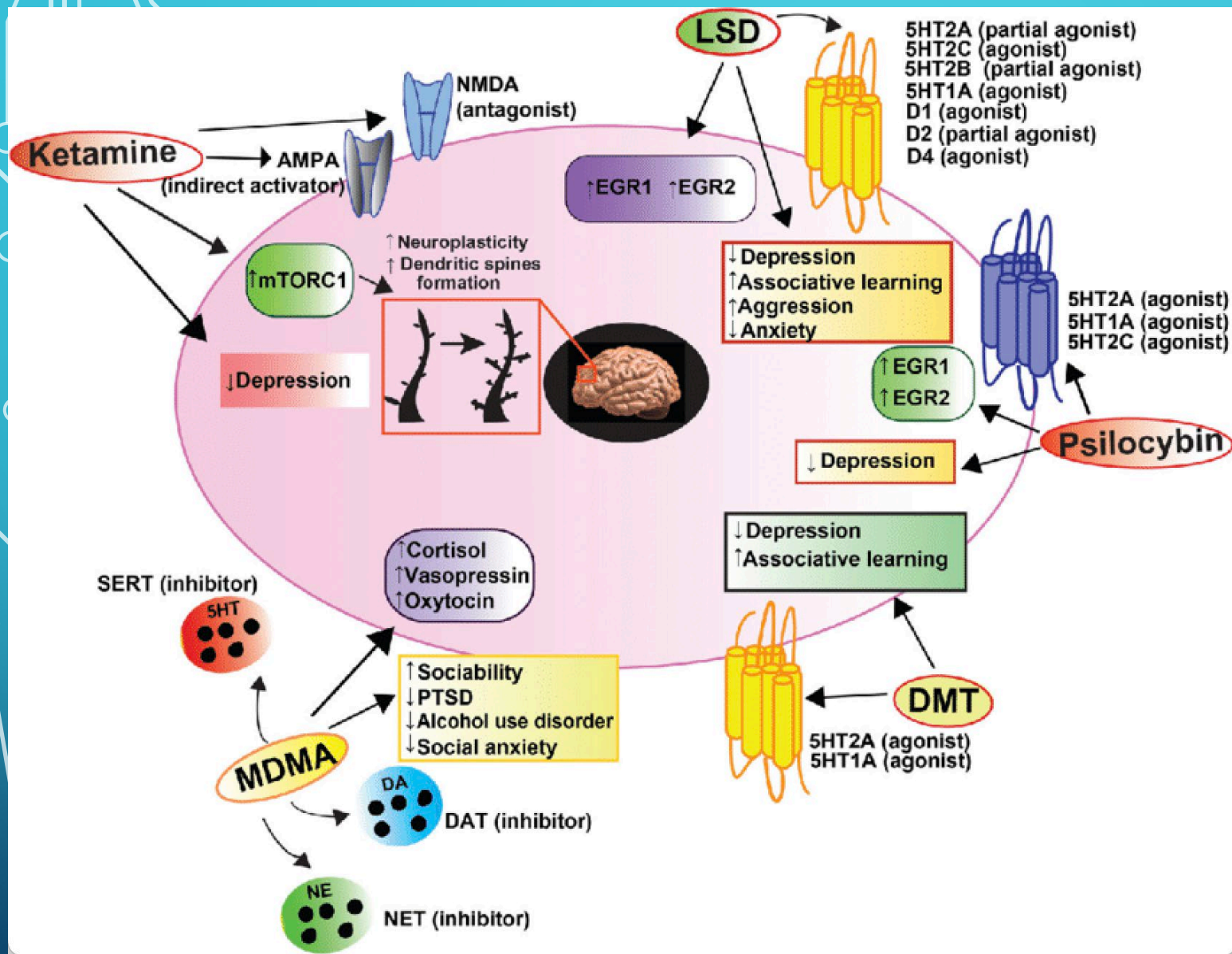
PSYCHEDELIC (=MIND MANIFESTING) MEDICINE

Hallucinogens: a large group of psychoactive drugs that can cause altered states of consciousness. These drugs can cause significant changes in thought, mood, and perception, sense of self. Most hallucinogens can be categorized as psychedelics, dissociatives, or delirants

Serotonergic classic hallucinogens/entheogens (LSD, psilocybin, psilocin, mescaline, DMT); activity via 5-HT system, act as agonist of the 5-HT_{2A} receptor.

Dissociative anesthetics (ketamine); act on glutamatergic system (and others)

Enactogens/empathogens: produce experiences of emotional communion, oneness, relatedness, emotional openness—empathy or sympathy, fear extinction (MDMA)



• De Gregorio D, Aguilar-Valles A, Preller KH, Heifets BD, Hibicke M, Mitchell J, Gobbi G.

Hallucinogens in Mental Health: Preclinical and Clinical Studies on LSD, Psilocybin, MDMA, and Ketamine. J Neurosci. 2021 Feb 3;41(5):891-900

Main pharmacological targets of LSD, psilocybin, DMT, MDMA and ketamine.

Medication	Action	Class	Indications studied	Dose	Side effect	Other
Psilocybin	5-HT2A agonist	Serotonergic classic	TRD, substance use, palliative care, anxiety, depression, cluster headaches, eating disorders	10-25 mg po Lasts 4-6 h	n/v, anxiety, sweating, muscle aches	Schindler, EAD, Sewell, RA, Gottschalk, CH, et al. Exploratory investigation of a patient-informed low-dose psilocybin pulse regimen in the suppression of cluster headache: Results from a randomized, double-blind, placebo-controlled trial. Headache. 2022; 62: 1383-1394. CITE Ross S, Bossis A, Guss J, Agin-Liebes G, Malone T, Cohen B, Mennenga SE, Belser A, Kalliontzi K, Babb J, Su Z, Corby P, Schmidt BL. Rapid and sustained symptom reduction following psilocybin treatment for anxiety and depression in patients with life-threatening cancer: a randomized controlled trial. J Psychopharmacol. 2016 Dec;30(12):1165-1180.
Ayahuasca	5-HT2A agonist	Serotonergic classic (+MAO inh)	Substance use anxiety, depression	Varies Peak 60-120min Lasts 4-6 h	N/V/D, anxiety	Palhano-Fontes F, Barreto D, Onias H, Andrade KC, Novaes MM, Pessoa JA, Mota-Rolim SA, Osório FL, Sanches R, Dos Santos RG, Tófoli LF, de Oliveira Silveira G, Yonamine M, Riba J, Santos FR, Silva-Junior AA, Alchieri JC, Galvão-Coelho NL, Lobão-Soares B, Hallak JEC, Arcoverde E, Maia-de-Oliveira JP, Araújo DB. Rapid antidepressant effects of the psychedelic ayahuasca in treatment-resistant depression: a randomized placebo-controlled trial. Psychol Med. 2019 Mar;49(4):655-663.
LSD	5-HT2A agonist	Serotonergic classic	Etoh use, anxiety, palliative care	0.5-2mcg/kg Lasts up to 12 h	Hallucinations distorted time perception	Fuentes JJ, Fonseca F, Elices M, Farré M, Torrens M. Therapeutic Use of LSD in Psychiatry: A Systematic Review of Randomized-Controlled Clinical Trials. Front Psychiatry. 2020 Jan 21;10:943.
MDMA	Release of 5-HT, oxytocin, prolactin, norepinephrine, cortisol; puts one in optimal arousal zone for therapy	Enactogen	PTSD, anxiety	80-120 mg po Lasts 4-6 h Peak 70-120 min	sweating, loss of appetite, restlessness, jaw clenching, nystagmus, emotions hypertension, headache, chest pain, seizures	Mitchell, J.M., Bogenschutz, M., Lilienstein, A. et al. MDMA-assisted therapy for severe PTSD: a randomized, double-blind, placebo-controlled phase 3 study. Nat Med 27, 1025–1033 (2021)
Ketamine	Glutamate (NMDA) receptor antagonist	Dissociative anesthetic	TRD, PTSD, anxiety, palliative care, chronic pain, eating disorders, postpartum depression, also OCD relationship issues, Bipolar Disorder	0.5mg/kg iv Lasts 1 h lv, im, sq, intranasal	Nausea, blurry vision, drowsiness, laryngospasm, cystitis	Class III, off-label FDA, rapid response and significant reduction in suicidal ideation. A Double-blind, randomized, placebo-controlled, dose-frequency study of iv ketamine I patients with Treatment-Resistant Depression Singh JB, Fedgchin M, Daly EJ, De Boer P, Cooper K, Lim P, Pinter C, Murrrough JW, Sanacora G, Shelton RC, Kurian B, Winokur A, Fava M, Manji H, Drevets WC, Van Nueten American journal of psychiatry, 2016, 173(8), 816-826

PSYCHEDELIC ASSISTED PSYCHOTHERAPY/KAP

psychedelics amplify the benefit of psychotherapies; as vehicles of meaning and new behavioral approaches to life and offer unique enhancement of meaning, relationships, and connection, determining the ideal psychotherapeutic approach for each patient depends on the therapist, the patient, cultural set and setting

Important concepts in Psychedelic Assisted Psychotherapy:

Compassion vs Empathy awareness, feeling for, wanting to alleviate ones suffering (control) vs taking on others states (no control; causes burnout)

Transference and Countertransference client's projection of their feelings about someone else on their therapist vs redirection of the therapist's feelings toward the client

Default Mode Network a network of interacting brain regions; changes with cognitive development, activates with mind wandering/rest, deactivates with goal oriented tasks; our inner content; is INCREASED in depression, DECREASES after ketamine/LSD

Neuroplasticity the brain's ability to change and adapt in response to experiences and the creation of new neurons and build new networks; is INCREASED with meditation, learning, resting, psychedelic use

- Nayak S, Johnson MW. Psychedelics and Psychotherapy. Pharmacopsychiatry. 2021 Jul;54(4):167-175. doi: 10.1055/a-1312-7297. Epub 2020 Dec 7. PMID: 33285578.
- Prasko J, Ociskova M, Vanek J, Burkauskas J, Slepecky M, Bite I, Krone I, Sollar T, Juskiene A. Managing Transference and Countertransference in Cognitive Behavioral Supervision: Theoretical Framework and Clinical Application. Psychol Res Behav Manag. 2022 Aug 11;15:2129-2155
- Lehmann M, Seifritz E, Henning A, Walter M, Böker H, Scheidegger M, Grimm S. Differential effects of rumination and distraction on ketamine induced modulation of resting state functional connectivity and reactivity of regions within the default-mode network. Soc Cogn Affect Neurosci. 2016 Aug;11(8):1227-35. doi: 10.1093/scan/psw034. Epub 2016 Apr 13. PMID: 27075438. PMCID: PMC496779



PSYCHEDELIC ASSISTED PSYCHOTHERAPY

- **Preparation** build therapeutic trust, discuss consent for therapeutic touch, gather info about life experiences, mental health, spirituality, present symptoms, explore symptoms and impact of trauma on their life. Discuss they are going to revisit difficult experiences at some point and ask for permission to bring up trauma/core issues during the experience, explore their coping strategies, discuss substance use, experience with non-ordinary states of consciousness. Pre address expectations, curiosities, anxiety. Orient the client to the physical space for the therapy sessions, discuss headphones, MUSIC and eye mask. Discuss the client's intention for the session and consider questionnaires (Beck, PhQ9, CAPS)
- **Intention:** a statement of your motivation or direction. What do you want out of this experience; this helps create your experience.
- **Inner healing intelligence:** innate ability and wisdom to move towards wholeness and wellbeing (Jung), also spirit, truth, inner champion, inner healer, deep knowing, innate wisdom. Therapist sets the tone for the client to build trust in their own inner healing intelligence and to be curious with a beginners mind.
- **Set:** the mindset of the person taking the substance; this is influenced by intention, emotional state, previous experiences.
- **Setting:** the physical environment; the room, sounds, lights, smell, other people, comfort, safety; inviting, soothing, comfortable, culturally relevant
- **Integration;** Process in which a person revisits the experience and engages in making sense of it and tries to process their psychedelic experience. They then try to incorporate these lessons and insights into their lives and move toward greater balance and wholeness of mind, body and spirit as well as lifestyle, and social relations. Consider questionnaires as "Change of State", "Mystical Experience Questionnaire", and "Ego Dissolution Index" after sessions.



KAP; KETAMINE ASSISTED PSYCHOTHERAPY

- Enhances engagement, access to traumatic memories and new perspectives, greater insight and new perspective, motivation to change, less defensiveness and fear, provides immediate boost in mood, engages the patient, legal in 50 states
- 2 models; the IV ketamine model; 6 treatments over 2 weeks with follow up booster vs IM/SC/SL/Nasal ketamine with KAP; with dosage escalation to achieve different levels of trance increasing to full out-of-body experiences. This is being done SL at therapist offices
- Psychotherapy occurs during and after administration of a low SL dose (trance state; promotes communication) or IM dose (transformational state; reduction of body and sensory awareness of ego reductive nature) or within a week after an IM or IV dose to benefit from the neuroplasticity. Psychedelic effects are necessary.

Wilkinson ST, Ballard ED, Bloch MH, Mathew SJ, Murrough JW, Feder A, Sos P, Wang G, Zarate CA Jr, Sanacora G. The Effect of a Single Dose of Intravenous Ketamine on Suicidal Ideation: A Systematic Review and Individual Participant Data Meta-Analysis. *Am J Psychiatry*. 2018 Feb 1;175(2):150-158

The Ketamine Papers, Wolfson MD, Phil, Hartelius, PhD, Glen, 2016

Dore J, Turnipseed B, Dwyer S, Turnipseed A, Andries J, Ascani G, Monnette C, Huidekoper A, Strauss N, Wolfson P. Ketamine Assisted Psychotherapy (KAP): Patient Demographics, Clinical Data and Outcomes in Three Large Practices Administering Ketamine with Psychotherapy. *J Psychoactive Drugs*. 2019 Apr-Jun;51(2):189-198.



CONSIDERATIONS FOR TRANSGENDER/GD PEOPLE ACCESSING PSYCHEDELIC MEDICINE AND ASSISTED PSYCHOTHERAPY/KAP

- Access to care; cost, safe space, queer therapists, Vulnerability
- a person under the influence of a psychedelic drug is vulnerable; Psychedelic drugs commonly produce a dramatic change in perception of space and time; it is also common to experience intense emotions, enhanced sensitivity, and you can't stop your experiences such as reliving a childhood trauma.
- clinician-patient relationship; vulnerability causes an imbalance between disclosure and trust. This leaves patients at risk for abuse. Sexual abuse happens in psychedelic therapy, for example during the MDMA FDA trials.
- Physical or mental comorbidities create vulnerability. Patients may feel misunderstood and may have had negative experiences dealing with healthcare professionals. The conditions itself can contribute to vulnerability and abuse.
- Most clinics focus on cisgender (white) patients and have no experience treating transgender clients (but market anyway due to the increase in population)
- Risk for receiving conversion therapy during psychedelic assisted psychotherapy (especially patients or parents of teenage transgender patients who are questioning their gender identity). I am in Utah.

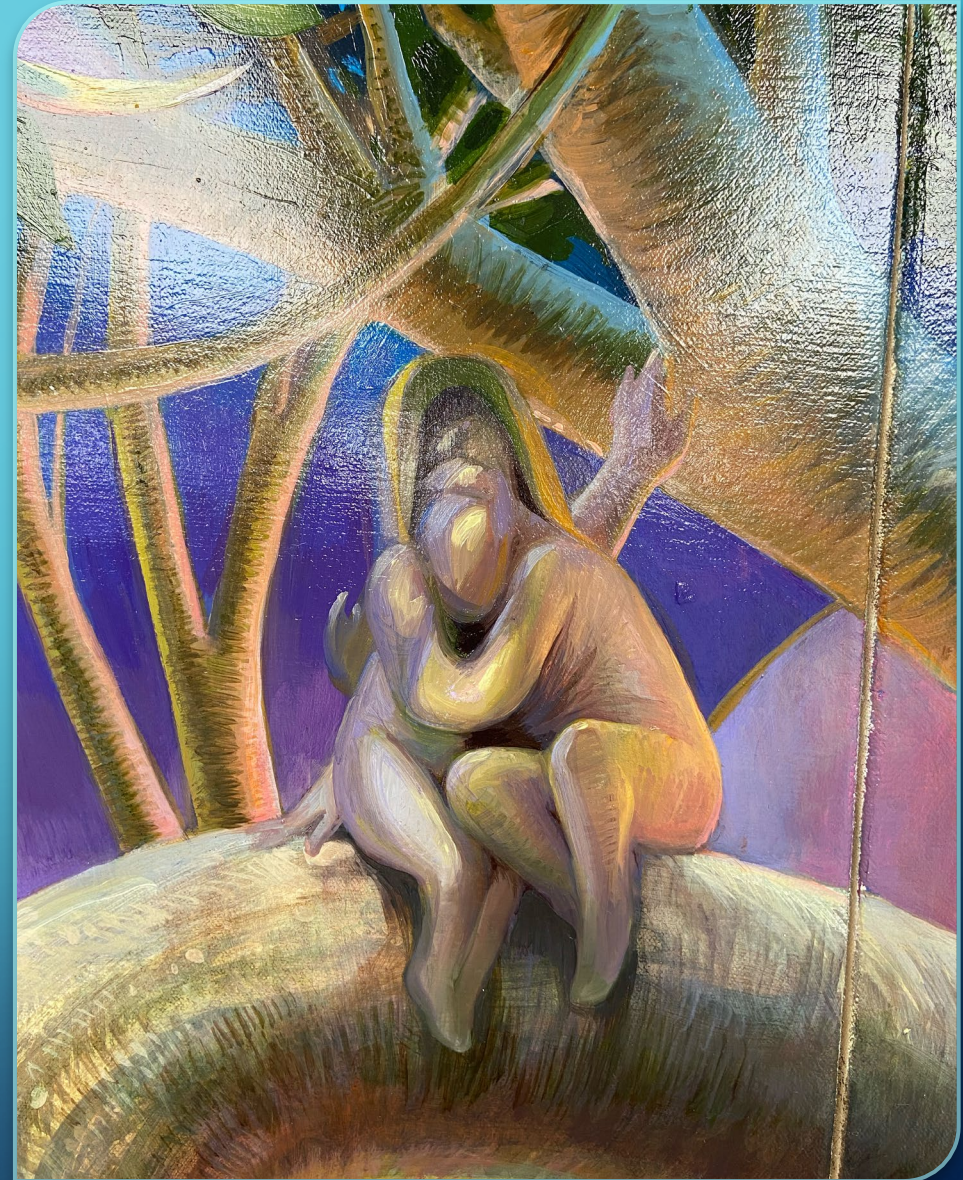
PSYCHEDELIC MEDICINE AND ASSISTED PSYCHOTHERAPY FOR TRANSGENDER AND GD PEOPLE

- Transgender/gender diverse people experience a high burden of trauma and PTSD

Key issues in trauma related mental healthcare

1. Barriers to receiving gender affirming and trauma informed mental healthcare
2. Providers lacking cultural humility

Stauffer CS, Brown MR, Adams D, Cassity M, Sevelius J. MDMA-assisted psychotherapy: Inclusion of transgender and gender diverse people in the frontiers of PTSD treatment trials. *Front. Psychiatry*. 2022 Oct 10;13



THERE ARE NO STUDIES ON KAP FOR TRANSGENDER AND GD PEOPLE

COMMENTS ON REDDIT

Many transgender/gender expansive people have already tried psychedelics, in the rave scene, or for mental health benefit. They self-medicate, or micro dose and have seen its benefits

Long wait times, gatekeeping, humiliation of having to convince medical authorities; all push trans people to find their own medical interventions

"Psychedelics have great potential to help people with mental health issues and talking about experiences could destigmatize and decriminalize the use of these medicines."

The idea to take your own body into your own hands, pushing for care, medications, surgeries you had been told over again you didn't need or shouldn't get led to taking responsibility for my own mental health and figuring out my life.

Many self-medicate as they don't trust doctors



OUR KETAMINE CLINIC FOR TRANSGENDER /GD PATIENTS



- Patients know us and feel safe; we use name, pronouns, have a gender neutral bathroom.
- We already know their (mental) history, have information on file, including medication list
- We work with (queer/bipoc) therapists with KAP experience, our MA has experience with Peyote (Dine), one MA runs another ketamine clinic
- Utah Law requires that your ketamine clinic is prepared for Moderate Sedation regarding patient monitoring, AED, Crash kit, ACLS, the risk of serious complications is low; we are prepared
- We drive our patients home if they don't have a ride (no Uber/Lyft!)
- Patients can do a session with their therapist during or after the treatment at our facility or via telehealth
- We can do an IV session for a patient who is suicidal
- Cost is a barrier, insurance may cover eventually, non-profit?