

# MAPS

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## From the desk of Rick Doblin, PhD

THE RENAISSANCE IN PSYCHEDELIC RESEARCH has been a satisfaction to work toward since I founded MAPS in 1986, and a delight to actually witness and celebrate. But eventually, like the bloom of youth, even a renaissance must either mature or stagnate and become irrelevant. We must grapple with and accept the end of the beginning, since when we started we just needed to assert claims of suppressed benefits to justify the renewal of research. Now, our research agenda has grown to include Phase 2 pilot studies in which we must generate preliminary data to support our claims of medical benefit. The outcome of all this work (whether or not we're able to achieve legal prescription use) will be largely determined by our actions these next several years. We now need to lay the foundations for larger Phase 3 research studies that are required to prove safety and efficacy, ideally with such transparency of methodology and outcomes that the next steps will be clear to everyone. What began as a mission to bring psychedelics (once again) to the attention of the scientific and psychotherapeutic communities, blossomed into something much larger and much more powerful.

Over the last several months, I've felt the time was approaching to shed my triumphant psychedelic renaissance language, once glittery and fresh with the imagery of renewal and birth. MAPS has recently achieved a psychedelic milestone that for me confirms that we've grown beyond the initial renaissance, beyond the return of the repressed, into the dissolving of the boundaries between culture and counterculture and the crafting of initial, tentative, complementary, and integrative mergings that can be so healing and are so deeply needed by all concerned.

This milestone was finally reached at the end of June, in the mountains of Austria. In an example of the increasing reach and professionalism of MAPS' staff, we gathered therapists from seven different countries (US, Canada, Switzerland, Germany, Spain,

Israel, and Jordan) for a successful and emotionally nourishing debut of MAPS' first MDMA-assisted psychotherapy for the treatment of posttraumatic stress disorder (PTSD) therapist training program. The purpose of the training program is to prepare therapists to conduct MAPS-sponsored Phase 2 and Phase 3 psychotherapy studies in accordance with MAPS' MDMA/PTSD treatment manual. Over five days of programming, we featured progress reports and discussions of protocol designs, treatment methods, music for psychedelic sessions, and cultural considerations that can affect the therapeutic method.

Perhaps surprising to some, I believe that therapists who administer MDMA to PTSD patients can do so effectively without ever having taken MDMA themselves. MAPS will never require therapists working on our studies to experience MDMA. At the same time, I believe MDMA-naïve therapists who work with MDMA could become even more effective after they have had a personal experience of the subjective effects of MDMA when taken within a therapeutic context. The training program in Austria is preparing us for our next major milestone—to develop a program to legally administer MDMA to therapists as an integral part of their training. (I look forward to reporting positive news to you about this development sometime in the very near future.)

In Austria, two days were devoted to watching and discussing videotapes of therapeutic sessions from our US, Swiss, and Israeli MDMA/PTSD studies. Sitting and watching therapy sessions, stopping the tapes every few moments for commentary and critique from our diverse and experienced group, was to me our most moving and effective teaching method. However, the sheer diversity of comments from the assembled therapists about alternative interventions made me wonder whether we could ever refine our treatment manual so that the “best” therapeutic intervention flowed directly and obviously from the principles