



**A Manual for MDMA-Assisted Psychotherapy
in the Treatment of
Posttraumatic Stress Disorder**

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PREVIOUS VERSIONS	Version 1: 30 May 2005 Version 2: 24 November 2008 Version 3: 23 October 2010 Version 4: 16 January 2011 Version 5: 30 November 2011 Version 6: 04 January 2013
CURRENT VERSION	Version 7: 19 August 2015
RESEARCH SPONSOR	Multidisciplinary Association for Psychedelic Studies (MAPS) 1115 Mission Street Santa Cruz, CA 95060
SPONSOR DESIGNEE	Amy Emerson Executive Director MAPS Public Benefit Corporation
USE OF MANUAL	In accordance with an approved MAPS-sponsored Study Protocol Interested parties wishing to copy any portion of this publication are encouraged to do so but are kindly requested to credit MAPS and include our address: MAPS 1115 Mission Street Santa Cruz, CA 95060 Phone: 831-429-6362 Web: www.maps.org
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Participant: *“It is really crazy. And not at all what I was expecting ... I don’t know if I can even verbalize it. Some of it is really dark and some of it is not. It is kind of anxiety-provoking. It’s like stuff I had no idea was in me. I am OK being there. It’s not realistic at all. I am not really trying to connect it with anything. It is kind of like I want to get out of my skin. I kept wanting to stop and then wanting to stay. I’ll stop if it gets too weird.”*

Therapist: “It’s OK not to put it into words at this point. Just stay as present with it as much as you can.”

Participant: “OK.”

Participants naturally want to get maximum benefit from their sessions, so they often need reminding of the paradox that this is usually best accomplished by surrendering to the process rather than trying to direct it. They should be reminded that, in MDMA-assisted psychotherapy, important insights and healing often arise through a non-linear process that may shift and resolve in unexpected ways. This process is enhanced by the participant’s trust that the inner healing intelligence in conjunction with the medicine will bring forth whatever experiences are needed for healing and growth, so anything that arises is viewed as part of the healing process. In this vein, the participant is encouraged to surrender to the process as fully as possible and not to “get ahead of the medicine” with efforts to direct it. The therapists’ role is often to follow, rather than guide, the participant, as she/he explores new and unexpected perceptions and realizations. At other times it may be helpful for the therapists to remind the participant that facing painful experiences is actually a path toward healing.

The therapists may provide verbal reassurance when needed and nurturing touch if requested when the participant is facing upsetting, potentially overwhelming thoughts, memories, or feelings. However, care should be taken not to interrupt the participant’s process unnecessarily or to convey a lack of trust in the participant’s own inner healing ability. The therapists should track their own emotional reactions and refrain from intervening in response to their own needs. The therapists’ ability to be present without needing to intervene, other than perhaps with a gentle reminder of their presence, can convey a strong message of compassionate support and trust in the healing process.

“We’re right here with you, use your breath and stay with it as much as you can. We know this is difficult, but we also know from experience that this is an important part of the healing. Fully experiencing and expressing this, moving through it instead of away from it is the way to really heal it.”

With a combination of empathic listening, questions, and observations the therapists facilitate two complimentary aspects of processing these challenging experiences: facing and even amplifying the experience in order to allow the spontaneous unfolding of the healing process on the one hand and on the other hand, clarifying, understanding, and gaining new perspectives about past experience and painful emotions.

Therapists must attend to balancing their responsibilities as facilitators and as noninvasive observers. Attaining and maintaining this balance may prove challenging at times, particularly when the therapists must decide when it is desirable to allow the participant to explore and confront her/his inner experience without any interaction and when it is more appropriate to interact with the participant in order to facilitate a particular avenue of experience. There is no formula for achieving this balance, and the amount of time spent in interaction may vary considerably from one session to another. Maintaining an effective balance requires a focus on the participant’s verbal and nonverbal communications, as well as an understanding of the