

Psychedelic-assisted therapy

A way of working in which a psychedelic session is placed inside a course of psychotherapy: preparation before, accompaniment during, and time afterwards to make sense of what was lived. This reading is for someone who is wondering whether it could help them.

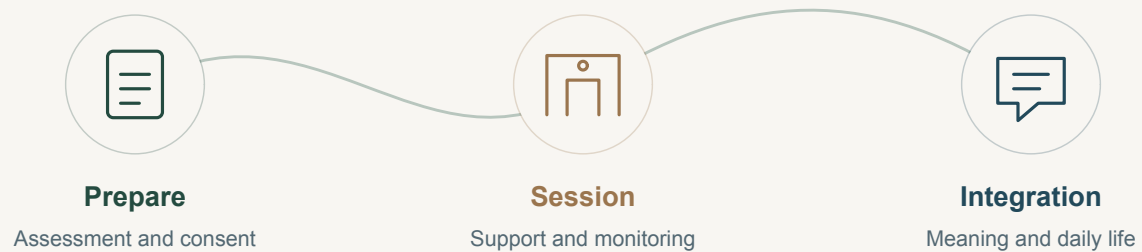


What is it?

Psychedelic-assisted therapy is not a substance; it is a frame. The substance (psilocybin, MDMA or another) opens a non-ordinary state for a few hours. What makes this a therapy is everything around that state: a relationship of trust built beforehand, a trained person present throughout, and a period of work afterwards. The same substance taken alone, or at a retreat without this frame, is a different thing. The approach differs from most medical treatment in another way: the aim is not to correct a symptom from the outside, but to let the person meet, in a protected setting, what they have been carrying.

What does the process look like?

Preparation comes first, over several meetings. You and the therapist talk about what brings you, your history, your health, your hopes and your fears, and about how the session will be held. This is also where consent is worked out in detail: what will happen, what will not, how you will be supported if the experience becomes difficult, whether any touch is wanted and under what conditions, and how you can stop or change your mind at any point. The session itself lasts several hours, with the therapist present from beginning to end. Perception, emotion and the sense of self change; memories and feelings may surface with unusual force. Nothing has to be produced: no particular insight, no release, no story. Integration follows, over the days and weeks after: meetings to look at what came up and at what it changes in daily life. This is where most of the therapeutic work is done.



A common framework. The substance, timing and therapeutic model vary.

Who might consider it, and who should be careful?

People who consider this approach often have difficulties that have resisted other forms of help: persistent depression, the after-effects of trauma, a dependence, or the distress that comes with a serious illness. It is not a first resort, and it is not for everyone. A personal or family history of psychosis, certain heart conditions, some current treatments, and periods of acute crisis call for caution or rule it out. An honest assessment beforehand protects you; it is not a formality. Intense and troubling experiences can happen even with good preparation. What matters is that someone is there to hold them with you, and that there is time afterwards to work them through. ¹

What should you expect from the care?

Whoever accompanies you should be able to say clearly who provides the psychological care, who the medical care, what training they have, how emergencies are handled, and how you can raise a concern or make a complaint. Boundaries agreed in preparation hold during the session: an altered state is never a reason to go beyond them. If any of this is vague, or if you feel pressed, that is reason enough to look elsewhere.

Where things stand in Canada

Psilocybin and MDMA are not approved treatments in Canada. Access exists through authorized clinical trials and, for some people, through Health Canada's Special Access Program, case by case. Neither route establishes general availability or individual eligibility. A conversation with a qualified clinician is the place to find out what applies to you. Support without a substance, around a decision or a past experience, is available in the meantime (see Psychedelic harm reduction and integration). ²

Questions to bring to a consultation

- Given what I wish to address, what is the best way forward?
- Is this approach suited to my situation and my health?
- Who will be with me, and what is their training?
- How is consent worked out, and how can I change my mind?
- What happens if the experience is difficult?

- What follow-up is offered afterwards, and what are the alternatives?

Sources and further reading

1. NIH (NIDA) · Psychedelic and Dissociative Drugs.

Public overview of effects, adverse reactions and ongoing research.

2. Health Canada / Santé Canada · Special Access Program: requests for psychedelic-assisted psychotherapy (2023).

Explains exceptional access and its limits; French version available.

General information to support a clinical conversation. This resource does not determine treatment suitability or offer access to a substance.