A Guide for Integrative Clinicians: Safe & Conscious Psychedelic Use

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Comparative Chart of Ketamine, MDMA, Psilocybin & Ayahuasca* (Version 3/2025, for informational purposes only)

Substance & Category	Mechanism of Action & Acute Effect Duration	Evidence-Informed Indications (Research is evolving rapidly)	Main Contraindications & Interactions Considerations (All: Avoid with pregnancy/lactation) (*This is not intended as comprehensive guidance)	Drug Schedule / Legality (USA) & Notes
Ketamine **(Dissociative)**	NMDA receptor antagonist, increases glutamate release, induces neuroplasticity via BDNF receptor activation. 1-3h	Treatment-resistant depression, suicidality, PTSD - trauma, chronic pain, OCD, substance use disorder.	Contraindicated in schizophrenia, severe CV dz, uncontrolled hypertension, active interstitial cystitis, sig h/o psychosis; sig h/o recreational abuse, h/o aneurysm. Hold benzodiazepines, stimulants. Lamotrigine may blunt effects. Caution with active alcohol and opiate use.	Legal all 50 states. Schedule III (FDA-approved for tx resistant depression as esketamine [Spravato]; other uses are off-label).
MDMA **(Empathogen)**	Increases serotonin, dopamine, norepinephrine release, promotes oxytocin-driven emotional bonding & fear extinction. 3-5h	PTSD - trauma, social anxiety (e.g., in autism), couples therapy.	Contraindicated in active CV dz (or valvular dz), uncontrolled HTN, QTc prolongation, severe liver dz, glaucoma. Primary psychotic disorder, substance abuse disorder, eating disorder, active suicidality, DID/personality disorder. Avoid MAOIs (serotonin syndrome risk), Lithium, CYP3A4/5 inh. Caution with stimulants, bupropion. Muted effects with SSRIs/SNRI/TCAs, mirtazapine, trazodone, benzodiazepines.	Schedule I (Clinical trials)
Psilocybin **(Classical psychedelic)**	Serotonin 5-HT2A agonist, enhances neuroplasticity, alters default mode network (DMN) connectivity. 4-6h	Major depressive disorder, end-of-life anxiety, cluster headaches, PTSD - trauma.	Contraindicated in schizophrenia, bipolar disorder, unstable epilepsy, uncontrolled HTN/Cv disease; interacts with SSRIs use, MAOIs use (risk of serotonin syndrome).	Schedule I (Legal in Oregon & Colorado for therapeutic use). (Clinical trials).
Ayahuasca **(Classical psychedelic)**	DMT (5-HT2A agonist) + β-carbolines (MAOIs) prevent DMT breakdown, leading to visionary and neuroplastic effects. 4-8h	Depression, addiction, grief, anxiety* (research more limited than the above three substances)	Contraindicated in psychotic disorders, bipolar disorder (mania risk), active cardiovascular disease, severe GI disorder (given purging is common), epilepsy, uncontrolled hyperthyroidism; interaction with SSRIs, MAOIs (hypertensive crisis risk). Emesis and diarrhea increase risk of hypotension and dehydration.	Schedule I (DMT illegal; some religious exemptions like Santo Daime & Uniao do Vegetal) (International Clinical Studies). Most often served in groups ceremonially - often in evenings/overnight.

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–Sharma, R., Batchelor, R., & Sin, J. (2023). **Psychedelic Treatments for Substance Use Disorder and Substance Misuse: A Mixed Methods Systematic Review.** Journal of Psychoactive Drugs, 55(5), 612–630. https://doi.org/10.1080/02791072.2023.2190319

Proposed Clinical Guidance Framework for Integrative Medicine Practitioners: Therapeutic Psychedelics as a Mind-Body-Spirit Surgery & Healing Journey*

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Phase:	General Guidance:	Key Considerations:
Decisions: Your patient comes with questions and/or intentions to explore psychedelics for healing. 	Offering Integrative Consultation and Harm-reduction guidance. Goal: Reducing potential harms & supporting potential benefits -Focus on safety, education and risk minimization without judgment or stigmatizing -Respect for patient's autonomy and longing to heal/feel better -Review NatMedPro https://naturalmedicines.therapeuticresearch.com/	1. Starting Q's: "Tell me more…" "Why now?" 2. Previous tx - Other options? Is mainstream care optimized? Could a non-substance healing experience suffice? 3. Intention aligned with clinical indications & research? 4. Setting, Who & Facilitation: Research trial, Clinic **vs.** Underground, Church/Religion, Retreat, Abroad (1:1, group, multi-day, retreat) - variable risk/benefit/legality/ethicalness. 5. PMHx and Absolute vs. Relative Contra-indications. 6. Medication interaction - Toxicity vs. Potent. blunted effects. considerations - https://www.spiritpharmacist.com/ + NatMedPro 7. Physical health - METS score: Considerations by substance - e.g. ayahuasca may require higher fitness 2/2 purging risk. 8. Mental health and therapy support already established? 9. Financial considerations of patient resources.
Pre-op: Risk guidance, just like a pre-op evaluation + travel visit.	If the patient has not had a formal medical evaluation through the proposed setting: *Consider referring to a trained psychedelic clinician (e.g. MAPS, CIIS, Fluence, PRATI, IPI, Usona, Polaris training).	-Preparation and integration support offered? Standard of care. -What: Dosing and Purity? Substance purity verification/testing - …how do you know for sure? Dosing aligned w/ published lit.? -Fully review risk profiles across settings, and legality. -Consider experience at a psychedelic-informed ketamine clinic or clinical research settings, given they're mainstream offerings -Considerations if travel, encourage infectious disease travel visit. Avoid driving for all substances with a large buffer time! -End of Visit Guidance: "Check in with me after your experience for safety and support. If it doesn't feel right, don't do it."
Session: Aka psychedelic "Surgery"	 	
Post-op and recovery: Immediate, short term & longer term	**Focus:** Sustained transformation and integration beyond peak experiences 	-F/u visit with trusted clinician:Q.How is your returning process? -Recognize the Neuroplasticity window (days to weeks). -Encourage integration group w/ trained mental health provider. -Encourage healing as a journey not just peak moments. -Encourage delaying major life decisions in the short term. -Utilize integrative therapies to support grounding and integration. E.g. journaling, art, nature immersion, body-based therapies (massage, acupuncture, Qi Gong). -"Bad trip" - https://zendoproject.org/ https://firesideproject.org/

Key Takeaways:

✅ **Psychedelics ≠ First-Line Treatment** → Optimize holistic, integrative, mainstream care first. Think of psychedelics as like a non-acute surgery (a whole time intensive experience), it's a discussion of risk/benefit and requires ample informed consent.

✅ **Safety & Ethics Matter** → Qualified-ethical facilitation, medical screening, and harm reduction must be prioritized.

✅ **Set, Setting & Integration Shape Outcomes** → The experience itself is only part of the healing process. Requires pre-op screening, preparation, post-op care and integration recovery/rehab over the short & long term.

✅ **Healing = A Journey, Not a Peak Moment** → Support sustainable transformation, not psychedelic dependence.

✅ **Consider Referring to a Clinician Trained in Psychedelic Medicine** for complex cases / questions.[***E-version->***

Set & Setting:
–Carhart-Harris RL, et al. **Psychedelics and the essential importance of context.** Journal of Psychopharmacology. 2018;32(7):725-731. doi.org/10.1177/0269881118754710

Integration Practices:
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Ethical & Legal Considerations:
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Ethical & Legal Considerations (cont.):
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Facilitator Competencies:
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–Carlin, S., & Scheld, S. (2019). **Developing ethical guidelines in psychedelic psychotherapy**. *MAPS Bulletin, 30*(3), 27–34. https://maps.org/wp-content/uploads/2020/12/v30n3-p27-34.pdf