# MDMA■Assisted Psychotherapy Treatment Manual — Clinician Summary (Version 8.1, 2017)

## Overview

The MAPS MDMA■Assisted Psychotherapy Treatment Manual (v8.1, 2017) provides a standardized model for the clinical use of 3,4■methylenedioxymethamphetamine (MDMA) as an adjunct to psychotherapy for chronic post■traumatic stress disorder (PTSD). Authored by Michael and Annie Mithoefer and colleagues under MAPS Public Benefit Corporation sponsorship, it defines therapist competencies, ethical conduct, session flow, and participant safety parameters.

## Core Therapeutic Framework

The therapy integrates pharmacological and psychotherapeutic processes. MDMA catalyzes emotional engagement by reducing fear and defensiveness, fostering trust, and increasing empathy and insight. Healing arises through the participant's intrinsic 'inner healing intelligence.' Therapists maintain a non■directive stance—offering invitation, not control—within a safe and supportive relational container.

## Therapist Foundation

Therapists must be licensed clinicians with trauma■informed experience (EMDR, IFS, Somatic Experiencing, Hakomi etc.). MAPS provides additional training emphasizing cultural humility, somatic attunement, co■therapy teamwork, and empathic presence. Personal inner work and comfort with non■ordinary states are prerequisites.

## Set and Setting

The physical environment resembles a comfortable living space—quiet, private, aesthetically calm, with futon, pillows, music, and safety equipment. Two co■therapists (ideally one male, one female) are continuously present. Music, lighting, and temperature are used to sustain a sense of safety and openness.

## Session Phases

1. Preparatory Phase — Build alliance, review consent, teach breathing, and establish expectations. 2. MDMA■Assisted Session — 6–8 hours. Non■directive support through onset, peak, and resolution phases; trust participant's process; use music and mindful silence; intervene only for safety or to encourage engagement. 3. Integration — Conducted next day and ongoing. Therapist helps anchor insights, process emotions, and translate learning into daily life.

## Somatic and Transpersonal Work

Therapists are trained to recognize and support somatic release through nurturing touch or focused bodywork—always pre■negotiated and non■sexual. Breath and mindful movement aid processing.

Transpersonal or spiritual experiences are respected as meaningful aspects of healing without pathologizing.

## Ethics and Boundaries

Strict boundaries prohibit sexual contact or exploitation. All touch must be explicitly discussed. Therapists must uphold confidentiality, maintain continuous presence during sessions, and prioritize participant wellbeing above research aims.

## Integration and Follow■Up

Integration is an essential, ongoing process involving reflective dialogue, journaling, bodywork, and daily check■ins post■session. Long■term follow■up supports sustained healing and reduction of PTSD symptoms.

## Appendices Highlights

Appendix A compares MDMA therapy with Internal Family Systems and Somatic Processing. Appendix B correlates MDMA therapy with established PTSD modalities such as Exposure, Cognitive Restructuring, and Transference work. Appendix C summarizes common healing factors—safe setting, stress inoculation, somatic engagement, and relational trust.

## Key Takeaway

MDMA■assisted psychotherapy unites empathic, trauma■informed counseling with pharmacologic facilitation to enable safe re■engagement with trauma and integration of experience. The core method is grounded in trust—of the participant’s innate healing intelligence, the therapeutic alliance, and the unfolding process itself.