



10 things a psychedelic-informed practitioner should know

A foundational knowledge framework for any therapist, GP, or mental health professional who wishes to be meaningfully 'psychedelic-informed'.

1. The research is real, and it is growing

Peer-reviewed clinical research is ongoing on several psychedelics, with significant findings. Randomised controlled trials conducted notably by Johns Hopkins, NYU, Imperial College London and MAPS have shown therapeutic potential for psilocybin in depression and MDMA in post-traumatic stress disorder. Other, earlier-stage studies are exploring anxiety and addiction. The FDA has granted 'Breakthrough Therapy' designation to psilocybin, MDMA and, more recently, 5-MeO-DMT. This is published clinical science, not anecdotal evidence. Several countries have now made psychedelic-assisted psychotherapy legal and accessible (Czech Republic, Switzerland, Germany, Australia, Canada, etc.). In Belgium, to date, only ketamine can be used in a legal medical setting.

2. Your patients may already be using

A significant proportion of people seeking mental health support have used psychedelics or are considering using them. Many will not say so spontaneously, out of fear of judgment or facing legal consequences. An open, non-judgmental line of inquiry creates the safety needed for honest disclosure. As part of a harm reduction approach, psychedelic-informed therapists can also accompany people who are considering use for therapeutic purposes, and not only those who come afterwards.

3. Set and setting matter

The psychological state a person brings ('set') and the physical and relational environment ('setting') are primary determinants of outcome. The same dose of the same substance can produce profound healing or acute psychological crisis depending on these variables. This is why the choice of a trained therapist matters, and why unguided underground use carries substantially elevated risk.

4. Difficult experiences are common and not always harmful

A significant proportion of psychedelic experiences involve periods of intense fear, confusion, grief or disorientation. Held in a supported context, these challenging passages are often where the therapeutic movement happens. In unsupported contexts, they can leave lasting distress. Practitioners should be able to tell an ordinary difficult experience from a clinical emergency.

5. Preparation and integration are where the therapeutic work happens

The experience itself is not therapeutic in isolation. Most of the therapeutic value emerges in the preparation and integration phases: making meaning from what arose, applying the insights, and translating the experience into something that changes daily life. That work needs to be accompanied by trained therapists. Integration is a legitimate and legal therapeutic practice in Belgium.

6. Psychedelics are not homogeneous, and the substance matters

Psilocybin, MDMA, LSD, ayahuasca, DMT and ketamine differ in their pharmacology, risks and therapeutic mechanisms. PSBE provides substance-specific clinical summaries on our website (links below). Cocaine and heroin are not psychedelics. Dependence risks also differ: classic serotonergic psychedelics (psilocybin, LSD, DMT, ayahuasca) do not cause compulsive use or physical dependence. Ketamine carries a well-documented risk of dependence and can cause urological and cognitive harm with repeated use. MDMA has abuse potential, although physical dependence is rare.

7. Serious contraindications exist and must be screened for

Key contraindications include a personal or family history of psychosis or bipolar I disorder, current use of selective serotonin reuptake inhibitors (SSRIs) or monoamine oxidase inhibitors (MAOIs), cardiac conditions (especially relevant for MDMA), and active suicidality without appropriate containment. Unguided or underground use frequently occurs without any screening at all. In someone whose terrain is predisposing, shaped by converging vulnerability factors that may be genetic, biographical or traumatic, a psychedelic substance can precipitate an acute episode, depressive, psychotic or otherwise. A careful history, including diagnoses in the family of origin, is therefore advised.

8. HPPD and prolonged adverse effects exist and are under-recognised

Hallucinogen Persisting Perception Disorder (HPPD) - persistent visual disturbances following psychedelic use - is a real, though rare, adverse effect that resolves spontaneously within a few days in most cases. Some people experience prolonged psychological instability, depersonalisation, or a worsening of existing psychiatric difficulties.

9. Unregulated ceremonies call for harm reduction

Growing interest in psychedelics is generating unregulated ceremonies and informal 'guides'. It is useful to check whether substances are tested, facilitators are trained and follow-up is offered. PSBE has developed a code of conduct presenting its view of good practice, with a focus on harm reduction. It is offered as a reference for practitioners and people considering a psychedelic retreat within a legal framework. The French Psychedelic Society (SPF) has also produced a free harm reduction booklet, which we will publish on psbe.org.

10. Policy is changing, and practitioners should be ready

Belgium's regulatory context is currently more restrictive than that of Switzerland, the Netherlands, Germany, etc. This is likely to change. Practitioners who develop psychedelic literacy now will be better placed to serve their patients as the landscape evolves.

When your patient discloses psychedelic use: a practical reference

A short clinical checklist for the moment a patient tells you they have used, or are considering using, a psychedelic substance.

Key questions to ask

- **Which substance**, and in **what context** (clinical trial, retreat, underground ceremony, recreational use, solo use)?
- When was the **most recent use**, and **how often**?
- Was a **facilitator or sitter** present, and were they **trained**?
- What was the **experience like**, and how did they feel in the **days and weeks afterwards**?
- Are they taking any **psychiatric medication**, in particular **SSRIs, SNRIs, MAOIs or lithium**?
- Any **personal or family history of psychosis, bipolar I or II disorder**, or other severe mental illness?
- Any **cardiac condition** or other relevant **physical health** concern?
- Do they have a **support person** or an **integration plan**?

Red flags requiring urgent referral

- **Active psychotic symptoms** (delusions, disorganised thinking, hallucinations persisting beyond the acute drug effect)
- **Suicidality with a plan or intent**
- Marked **dissociation or depersonalisation** that is **not resolving**
- Signs of **HPPD causing distress**
- **Cardiac symptoms** following **MDMA** use
- Any presentation suggesting a **substance-induced psychiatric emergency**

Contraindications to flag with anyone considering use

- **Personal or family history of psychosis or bipolar I or II disorder**
- Current **SSRI, MAOI or lithium** use (**interaction risk**, especially with MDMA)
- **Cardiovascular conditions**
- **Active suicidality** without containment
- **Pregnancy**
- **Lack of psychological and environmental resources or stability**
- **Interactions between substances**: TripSit's resources (<https://tripsit.me/>) can help identify potentially dangerous combinations.

How to refer for preparation and integration support

Integration is a legal and legitimate therapeutic practice in Belgium.

Find a therapist. PSBE's database lists psychedelic-informed therapists, selected on the basis of their training, clinical experience and capacity to support integration. The database is available on request at: integration@psbe.org

The limits of the care available. This selection offers suggestions, not a guarantee of the quality of each individual practice. Psychedelic-informed therapy is not a regulated profession in Belgium. PSBE's code of conduct provides a reference for good practice in psychedelic support that organisations offering retreats can consult.

Ask before referring. Whether you refer a patient to a therapist offering integration support or to a retreat centre, take time to find out more beforehand. Ask about their training, supervision, working framework and how they support what emerges in the weeks following a session.

Maintain support. Patients should not be left alone with such a powerful experience.

PSBE links

psychedelicsocietybelgium.org
info@psbe.org
integration@psbe.org