

## Conference Journal Entries

Date: June 15, 2023

Event: MAPS Psychedelic Science Conference (2023), Denver, CO

Theme: Mainstreaming MDMA-Assisted Therapy

Walking into the MAPS conference in 2023 felt less like a typical clinical seminar and more like a historical watershed. The seemingly unbounded energy was a palpable mix of counterculture history and rigorous, clipboard-wielding science. I am far more firmly in the latter camp. My biggest takeaway was the sheer volume of data presented on MDMA-assisted therapy for PTSD and other issues. I had read the papers, but seeing the effect sizes (the statisticians called them "very large") presented live, alongside video excerpts of therapy sessions, was a different experience entirely.

The most significant shift in my thinking concerns the concept of the "inner healer." I used to view therapeutic change as a product of the *intervention*—the CBT technique, the EMDR protocol. However, the presenters reframed MDMA not as a "drug" but as a sort of 'catalytic amplifier' of the therapeutic alliance. The medicine lowers defensive reactivity (specifically amygdala activation) while increasing prosocial neurohormones (oxytocin). This allows the patient to revisit traumatic memory without being flooded by shame or terror. Need to do more around REBUS and neurological critical periods.

While I cannot prescribe or facilitate MDMA sessions, I left with a profound respect for *affect tolerance*. I could now integrate "preparatory sessions" into my trauma work, helping clients build the capacity to simply *notice* somatic arousal without narrative. If the medicine lowers the fear 'of the fear,' my job right now is to help clients build the same container sober. My fear is that people will take these medicines on their own, and I will have to integrate them without proper guidance if too many people get ahead of the regulatory framework.

I need to study the non-drug elements of the protocol—specifically the "inner directed" therapeutic stance. This is a shift from directive to deeply receptive listening.

## Journal Entry 2

Date: August 22, 2024

Event: Boston International Trauma Conference (2024), Boston, MA

Theme: Deepening the Soma: Polyvagal Theory & Complex PTSD (C-PTSD)

After the futuristic horizon of the MAPS conference, returning to Boston for the Trauma Conference felt like coming home to the engine room. Where psychedelics ask "what is possible?", this conference answered "what is actually broken?" Dr. Bessel van der Kolk's update on the neurobiology of C-PTSD was devastatingly precise. He presented data showing that chronic relational trauma

doesn't just create fear memories; it fundamentally alters the sense of agency and the architecture of the insula (the part of the brain that feels the body). Doblin introduced me to Bessel van der Kolk, and he asked me to address the panel when Rick Doblin joined.

Dana's workshop on applying Polyvagal Theory to the sequence of disaster was the highlight. I finally understood that "ventral vagal" (safety) is not the absence of threat, but the presence of connection. More importantly, she mapped the messy middle—that state of "flapping" between sympathetic (fight/flight) and dorsal vagal (shutdown). I realized that we do not treat the *state* (e.g., depression) but perhaps rather the *sequence* (e.g., mobilizing to collapse).

I am making a note to change my intake process. Instead of only asking "What happened?", I am now tracking the autonomic narrative: "Where do you feel this in your body when you try to talk about it?" I started using a laminated graphic of the autonomic ladder with a client who has severe C-PTSD. For the first time, she said, "Oh, I'm not crazy. I'm just stuck in dorsal." That moment of psychoeducation was more stabilizing than six months of cognitive restructuring. It was not appropriate to laugh out loud, but that moment gave me pure joy. Narrative therapy seems quite fitting, too.

Critical Question for Next Year:

How do we sequence somatic interventions (pendulation) *before* attempting exposure? I need to go back to Boston in 2025 to see the integration with psychedelic models.

## Journal Entry 3

Date: June 28, 2025 (Post-Conference Synthesis)

Events: Boston International Trauma Conference (2025) & MAPS Psychedelic Science (2025)

This year, I attended both conferences within six weeks of each other, and the synthesis is finally crystallizing. In 2023 and 2024, these fields felt parallel: "Conventional" trauma treatment vs psychedelic therapy. By 2025, they have clearly merged.

At the Boston Trauma Conference, the focus was on "bottom-up" interventions: yoga, neurofeedback, and deep somatics. Dr. Stephen Porges (Polyvagal Theory) emphasized that safety is a neurophysiological state, not a cognitive belief. At the MAPS conference, the news was the FDA's decision and the ongoing enthusiasm for "psychedelic-assisted psychotherapy" (PAP) for everything from addiction to existential distress. For now, it is limited to clinical research, with MDMA halted with the exception of veterans and two small studies. Psychedelics are on everyone's Hot List.

Clinical Insights Gained:

The bridge is *interoception* (sensing the internal body). Trauma destroys interoceptive accuracy; psychedelics temporarily hyper-activate it. The Boston presenters showed that without the skill of interoception, the psychedelic experience can be retraumatizing (feeling the body's terror without a

map). The MAPS presenters showed that without the chemical disinhibition, deep somatic work can take years to reach the preverbal core.

Synthesis for My Practice:

1. Preparation is Somatic: Before any deep trauma work (psychedelic or not), clients need 4-6 weeks of pure resourcing: breath, pendulation, and identifying "glimmers" (cues of safety).  
Safety first!
2. The Window of Tolerance is Fluid: Boston taught me the signs of hyperarousal (flooding) and hypoarousal (numbing). MAPS taught me that certain compounds can physically expand this window. My job is to work right at the edge, not over it. Check in often.
3. Integration is the New Intervention: The "journey" is useless without the somatic reintegration afterward. I am now trained to aid clients if they find themselves in non-ordinary states (whether from breathwork or medicine) and help them identify concrete, felt-sense changes in the body via Zendo and somatic training.

Attending these conferences back-to-back has been exhausting but essential. The field of trauma treatment is moving faster than any textbook can capture! This underscores that we cannot rely solely on school curriculum. Feel like I am no longer *just* a therapist. I am an autonomic nervous system coach, a safe-space-container-builder, and a humble student of the neuroscience of safety.

Next Step: Seek formal consultation in psychedelic integration therapy to ensure I am practicing ethically within the current legal and medical frameworks.