

CLINICAL PRACTICE GUIDELINE FOR THE APPROPRIATE USE OF METHYLENEDIOSYMMETHAMPHETAMINE (MDMA)-ASSISTED PSYCHOTHERAPY FOR POST-TRAUMATIC STRESS DISORDER

A companion guide

About this Companion Guide

This is a Companion Guide to the recently published Clinical Practice Guideline for the Appropriate Use of Methylendioxyamphetamine Psychotherapy (MDMA-AP) for Post-Traumatic Stress Disorder (PTSD). The purpose of the Guideline is to provide information to healthcare professionals intending to provide MDMA-AP in Australia. The Guideline was developed after reviewing research evidence from clinical trials and experts, including people living with PTSD or who had experience with MDMA-AP. The Guideline recommendations were approved by the National Health and Medical Research Council (NHMRC) on 22 December 2025.

This Companion Guide was co-designed by researchers, people with lived experience, and health professionals. The co-design process included four stages: Discover, Define, Develop, and Deliver. Experts in behavioural science and communications identified the key information needs (Discover) and established the guiding principles (Define). Early drafts of the companion guide were created (Develop) and presented to four health professionals and six lived experience representatives through facilitated workshops and interviews to gather feedback and refine the draft (Deliver).

Who is this guide for?

This Guide is for people living with PTSD, their carers, and families. The Companion Guide is also for the wider public. Health and care professionals may find the Companion Guide useful for facilitating shared decision making.

The guide relates only to the legal medical use of MDMA administered in specific conditions under the supervision of a psychiatrist with appropriate approval¹.

What is MDMA-AP?

MDMA-AP aims to help you process traumatic memories in a safe and supported environment. MDMA is a drug that stimulates the brain to release dopamine, noradrenaline, and serotonin. These chemicals, called neurotransmitters, affect mood. The effects of MDMA may help you process traumatic memories in a safe and supported environment.

In MDMA-AP, carefully supervised dosing of MDMA are combined with talk therapy (psychotherapy), where two mental health professionals use guided conversations to help you understand and improve your thoughts, emotions, and behaviours.

¹ <https://www.tga.gov.au/products/unapproved-therapeutic-goods/mdma-and-psilocybine/access-pathways/prescribe-mdma-or-psilocybine-psychiatrists>





GUIDELINE RECOMMENDATIONS

MDMA-AP is not a routine treatment for PTSD because there is still uncertainty about its benefits and possible harms (see the next section for details). However, in some cases, it may be an option for people whose PTSD has not improved with other evidence-based treatments.



MDMA-AP should only be considered for use outside of clinical trials by people who:

- Are 18 years or older
- Have had PTSD symptoms for at least 6 months after diagnosis
- Have had moderate to severe PTSD symptoms in the past month
- Have already tried other recommended treatments² that have failed to improve PTSD symptoms or daily functioning
- Are not likely to be re-exposed to the original trauma or any other significant trauma during treatment



MDMA-AP is not suitable for people who are:

- Pregnant or breastfeeding
- Living with heart problems, like uncontrolled high blood pressure or irregular heartbeat
- Living with psychotic disorders (e.g., schizophrenia)
- Currently experiencing suicidal thoughts or behaviours
- Taking medications that could interact with MDMA
- Younger than 18 years of age and not enrolled in a clinical trial with appropriate ethical approval

² The Australian Guidelines for the Treatment of Acute Stress Disorder, Post traumatic Stress Disorder, and Complex PTSD define first-line evidence-based treatments as psychological interventions, including cognitive processing therapy (CPT), cognitive therapy (CT), eye movement desensitisation and reprocessing (EMDR), prolonged exposure (PE), and trauma focused cognitive behavioural therapy (TF-CBT).





WILL MDMA-AP HELP ME?

There is limited evidence supporting MDMA-AP for PTSD, and more high-quality evidence is needed. Therefore, MDMA-AP is not recommended for routine use. If you are considering MDMA-AP, you should discuss it as a treatment option with your regular healthcare providers (e.g., your general practitioners, psychologists, psychiatrists, therapists) to determine whether it is appropriate for you. MDMA-AP should be integrated into your broader care, rather than replace your existing treatment plan.

Currently, there is low-certainty evidence³ suggesting that MDMA-AP may improve PTSD symptoms and daily functioning. MDMA-AP may decrease suicidal thoughts or behaviour, reduce depression symptoms, improve self-organisation or emotional regulation, improve sleep quality slightly, and improve adherence to treatment. However, until the findings of current and future clinical trials are made available, we cannot be sure about these potential benefits.

At the time of the Guideline development, seven studies (249 people in total) showed that MDMA-AP may reduce PTSD symptoms at 18 weeks compared to psychotherapy alone. Four studies (200 people) showed MDMA-AP may improve daily functioning. However, it is uncertain whether the benefits reported in the studies reflect the true effects of MDMA-AP due to concerns regarding study design. It is also unknown whether the improvements in PTSD symptoms and functioning are sustained in the long-term (beyond 18 weeks).

³ The certainty of evidence is a judgement about the extent to which we can be confident that the reported benefits/harms are reflective of the actual effect.

WHAT ARE THE POTENTIAL RISKS OF MDMA-AP?

There is still limited evidence on what harms can be directly linked to MDMA-AP. MDMA-AP may increase the risk of heart events, including QT prolongation (where your heart takes longer between beats). This is why your heart will be monitored during dosing sessions.

Some people report feeling some uncomfortable side effects during the dosing sessions, such as jaw clenching, feeling jittery, nausea, headache, chills, and muscle tightness or sweating, but the evidence is very uncertain. These should subside once the effects of MDMA have worn off.

There is limited evidence about the long-term safety of MDMA-AP (beyond 18 weeks). It is not clear yet whether MDMA-AP increases the risk of misusing MDMA, other drugs, or alcohol, or whether PTSD symptoms may temporarily worsen before improving.

People with PTSD have different values and preferences around treatment options and may weigh the potential risks and benefits of MDMA-AP differently. This information is provided to you to help you make a decision together with your psychiatrist about whether MDMA-AP is acceptable to you.





WHAT HAPPENS DURING MDMA-AP TREATMENT?

In clinical practice, MDMA-AP is typically delivered as a single treatment course using a protocol adapted from clinical trials. A single course includes a total of 3 preparatory sessions, 3 dosing sessions, and 9 integration sessions.

MDMA-AP should be integrated into your current treatment and support, rather than replacing your broader treatment plan.

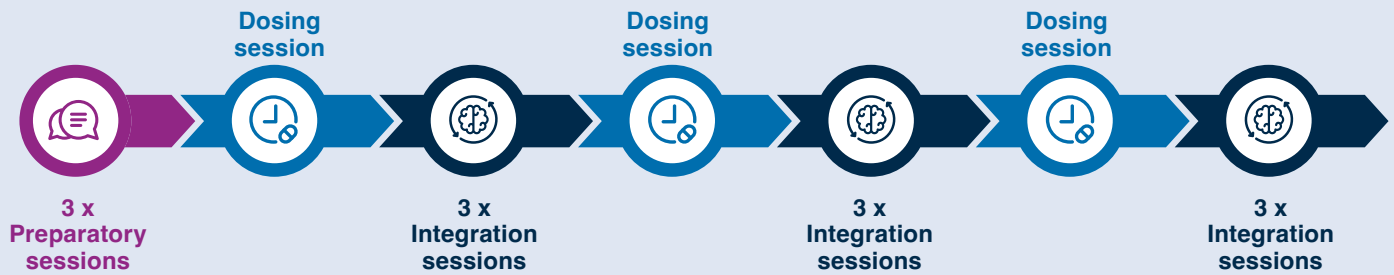
Before starting MDMA-AP

Your psychiatrist will conduct appropriate screening to ensure that MDMA-AP is right for you. This typically includes assessing your medical history along with any substance use, suicidal thoughts, self-harm risk, and whether any of your current medications could make MDMA-AP unsafe for you. Because MDMA can affect the heart and raise blood pressure, an electrocardiogram (heart test) is generally needed before treatment begins.

You will be asked for your consent to proceed with treatment. Providing your consent should be an ongoing process based on your evolving needs and experiences. Your values and preferences should be central to the delivery of MDMA-AP. You should be provided with comprehensive information about what to expect before, during, and after treatment. You should feel comfortable asking questions, making suggestions, and changing your mind at any stage of your treatment.



MDMA-AP treatment process



During treatment

Preparatory sessions

Before being given MDMA, you will go through 3 preparatory sessions, typically taking 90 minutes each. You will meet your treatment team and have an opportunity to ask questions about what to expect and discuss your treatment goals.

Dosing sessions

During dosing sessions, you will be given MDMA under clinical supervision. There are typically 3 dosing sessions, which may take up to 8 hours each. Each dosing session will be followed by 3 integration sessions.

Only authorised personnel should be present during your dosing sessions, which should include two trained therapists. During this time, your physical and mental wellbeing will be monitored.

If you wish, you may have the session video recorded for peace of mind. Some people find this reassuring because it provides an extra level of accountability. Discuss this with your treatment team, including how the recording will be kept secure, before treatment begins.

There is currently a lack of research evidence about the value of supportive touch (physical contact intended to communicate empathic caring) during MDMA-AP. You should be aware that MDMA may increase the perceived pleasantness of touch and may also impair your capacity to provide or withdraw consent during the dosing sessions. For this reason, the default approach should be no supportive touch unless you explicitly decide to opt in.

Your psychiatrist and treatment team should explore your preferences around supportive touch before these sessions and revisit throughout the course of treatment.

You should only leave the clinic after the short-term effects of MDMA have completely worn off. This is typically monitored via your vital signs, level of awareness, and mental state. You should ensure a prearranged support person is available to accompany you home afterwards.

Integration sessions

There will be 3 integration sessions after each dosing session, which can take up to 90 minutes each, which involves talk therapy (psychotherapy). Integration sessions are intended to help make sense of your dosing session experiences and understand how to apply your insights and changes into daily life. Integration sessions are an important step in the MDMA-AP process. The current evidence for the effectiveness of MDMA-AP is based on MDMA being used in combination with talk therapy.

After treatment

Your psychiatrist should discuss with you the care and support that you will receive after treatment. This might include peer support groups, group integration sessions, and regular check-ins with healthcare providers (e.g., GP, psychiatrist, psychologist, therapist).



COMMON QUESTIONS

Here are questions you might like to discuss with your psychiatrist before considering if MDMA-AP is right for you.

1. How is MDMA-AP different from ecstasy?

MDMA-AP is a treatment process where MDMA is administered in conjunction with talk therapy (psychotherapy). MDMA should never be administered by itself without psychotherapy. Ecstasy is a common street name for illegally manufactured MDMA, which is unregulated and may be of unknown strength or contain other chemicals and compounds, making it unpredictable and potentially dangerous.

Australia's drug regulator, the Therapeutic Goods Administration (TGA), has not assessed specific MDMA products for quality, safety, or efficacy (whether it works). There is currently no MDMA product listed in the Australian Register of Therapeutic Goods. However, the TGA has set standards for the quality of MDMA used in MDMA-AP. The MDMA used in Australian clinics must comply with these standards.

2. How much does MDMA-AP cost?

MDMA-AP may be more expensive than routine treatments for PTSD. It is important that you discuss the cost in advance. For some patients, financial support to access MDMA-AP might be available through the Australian Government Department of Veterans' Affairs (DVA) or private health insurers.

3. Can I have a support person with me?

You should be given the option to involve a support person (such as a family member, carer, or advocate) before and after MDMA-AP treatment, including during the process of obtaining informed consent. Support people are often welcome at all sessions except during dosing sessions.

4. Will I need to taper or discontinue other medications I take prior to MDMA-AP?

It is important to inform your psychiatrist about all medications you are taking. You may be asked to discontinue specific medications that can interact with MDMA prior to commencing MDMA-AP.

5. Do all psychiatrists prescribe MDMA-AP?

No, only authorised psychiatrists who have undertaken specific training and received the required ethics and clinical protocol approvals can prescribe MDMA-AP. You can ask your current health provider for a referral to an approved psychiatrist.

6. Can I drive after an MDMA dosing session?

Even after the apparent effects of MDMA have worn off, it may impair your ability to drive or operate heavy machinery for some hours. It is important that you arrange alternative transport home after the dosing session and are accompanied by a support person. There is also potential for a positive amphetamine result on a roadside drug test for several days following dosing. Even if you are receiving MDMA-AP as prescribed, you are required to comply with state legislation regarding driving.

7. What happens after I complete the MDMA-AP course?

You should discuss post-treatment care at the start of MDMA-AP. Your provider should also keep your regular healthcare team (e.g., GPs, psychologists, psychiatrists, therapists) informed throughout the course of treatment.





ADDITIONAL RESOURCES

Information for carers

Some people might choose to have a carer involved in their treatment decisions

Supporting someone experiencing PTSD can be challenging at times. You might be worried about what the person you care for will experience during MDMA-AP. It might be difficult to understand their journey at times.

Here are some questions a carer might consider asking about MDMA-AP:

- ① “What can I expect the person whom I care for to experience before, during and after treatment?”

- ① “What changes in behaviour, emotions or day-to-day functioning might I expect in the person that I care for?”

- ① “How can I be involved in the treatment process?”

There is support available for carers at Carer Gateway⁴.

⁴ <https://www.carergateway.gov.au/>

More information

Click on the hyperlinks or scan the QR codes:

- ① [Clinical Practice Guideline for the Appropriate Use of Methylendioxyamphetamine \(MDMA\)-assisted Psychotherapy for Post-traumatic Stress Disorder](#)



- ① [TGA's MDMA and psilocybin hub](#)



- ① [Psychedelic Assisted Psychotherapy Information for providers \(Department of Veterans' Affairs\)](#)



- ① [RANZCP In focus: Psychedelics](#)





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Disclaimer

This document is a general guide for appropriate use and practice, to be followed subject to a healthcare professional's judgement and the preferences and values of the person living with diagnosed PTSD. The Guideline and its Companion Guide are designed to provide information to assist decision-making and are based on the best available evidence up until 20 February 2025.

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