The psychosocial environment as therapeutic context: family-centered approaches to adolescent psychedelic research

A letter to the editor in response to Sutherland I, Ho MF, Croarkin PE. Psychedelic treatments in adolescent psychopharmacology: considering safety, ethics, and scientific rigor. *J Child Adolesc Psychopharmacol* 2025;35(1); doi: 10.1089/cap.2024.0082

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Dear Editor,

We read with interest Sutherland et al.'s thoughtful analysis of the challenges and opportunities in developing psychedelic-assisted therapy for adolescents. Their call for 'structured, safe, and well-controlled exploration' of these treatments is commendable. We suggest that thinking about psychedelic-assisted therapy, especially in adolescent populations, could be strengthened by more explicitly foregrounding what early psychedelic researcher Betty Eisner terms the 'matrix' (Eisner, 1997) - the psychosocial environment that patients come from, and return to following treatment.

Two features of adolescence make Eisner's matrix particularly salient. Adolescence already marks a period of significant neuroplasticity, as Sutherland et al. emphasise. But crucially, compared to typical adults, adolescents have limited autonomy over their environment, largely determined by family norms and school routines. Limited autonomy impacts not just on the legitimacy of an adolescent's assent or consent to trial participation, but also on their trajectory during and after —perhaps long after— the trial.

While Sutherland et al. rightly emphasise psychiatric family history in screening, we suggest that families' significance extends beyond genetic susceptibilities, to the psychological life of the family system. A systems-psychological perspective (Dallos and Draper, 2015) suggests that symptoms often serve regulatory functions within family dynamics: a socially withdrawn adolescent might become more emotionally expressive following psychedelic-assisted therapy, but existing family patterns may inadvertently reinforce withdrawal if this has historically maintained family equilibrium. Such patterns typically reflect complex and unconscious intergenerational adaptations rather than intentional responses.

Adolescents' reduced ability to select, avoid, or upscale environmental inputs that impact their mental health, combined with psychedelic-enhanced plasticity, means that, without adequate support, returning them to the matrix in which symptoms developed risks not only compromising treatment gains but causing iatrogenic harm through the interaction of heightened sensitivity with challenging circumstances.

A comprehensive family systemic formulation can aid in understanding how familial patterns and dynamics may interact with treatment outcomes. This approach recognises that psychopathology does not necessarily reside solely within the individual, but often exists within the nature of interpersonal interactions between the individual and their social system.

Building on Sutherland et al.'s well-considered suggestions, we propose that psychedelic-assisted therapy trials incorporate systematic assessment and support of the family matrix:

1. Pre-screening assessment of family functioning and systemic patterns that may maintain symptoms
2. Enhanced psychoeducation helping families understand and support integration
3. Targeted support for caregivers during the integration period, with provision for family-level intervention where indicated

Identifying challenging matrices need not lead to exclusion from treatment. Rather, as one of us has argued elsewhere in relation to psychedelic treatments (Jacobs et al., 2024), trials should include provision for support extending beyond protocol-limited integration sessions where indicated. This consideration is especially pressing for adolescent populations, where families may need additional support to facilitate integration.

As Eisner notes, "rapid change is very difficult to sustain if the living environment is the same as the one which caused difficulties in the first place" (1997, pp.215-6). For psychedelic-assisted therapy to realise its therapeutic potential in adolescent populations, ensuring growth-facilitating matrices may prove as important as the immediate set and setting of drug administration.

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