Psychedelic Harm Reduction and Integration

An Introduction to Concept and Practice

by

Deanna Rogers

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APPROVED BY

Maria Stella, PhD, RCC, Capstone Advisor, Master of Counselling Faculty

Alicia Spidel, MA, RCC, PhD, Faculty Reader, Master of Counselling Faculty

School of Health and Social Sciences

Dedication or Acknowledgement

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Abstract

The use of psychedelics for therapeutic purposes and personal exploration has been gaining significant attention in the media, public interest, and clinical trials. This surge in interest has created a growing demand for training, education, and awareness about the potential benefits and risks associated with these substances. This paper aims to provide a comprehensive overview of the current landscape and research surrounding psychedelics. It seeks to emphasize the key considerations and provide professionals with a comprehensive understanding of the stages involved in psychedelic-assisted therapy, including assessment, preparation, and integration. Furthermore, it highlights the importance of adopting a harm reduction approach when working with both clients and also for providers in this field. Lastly, this paper will conclude by proposing and providing an overview of a training program designed to introduce and orient health professionals to this growing and emerging field.

Keywords: assessment, integration, preparation, psychedelics, psychedelic-assisted therapy, psychedelic harm reduction and integration

Table of Contents

Dedication or Acknowledgement 2

Abstract 4

Chapter One: Introduction 7

Context Setting and Overview of Topic 8

Purpose of the Paper and Contribution to the Field 11

Theoretical Framework 12

Reflexivity and Positionality Statement 13

Definition of Terms 14

Outline of the Remainder of the Paper 16

Chapter Two: Literature Review 18

Historical and Theoretical Underpinnings of Psychedelics 18

Psychedelic-Assisted Therapy 22

The Importance of Harm Reduction and Psychedelic Therapy 23

Harm Reduction Approach 23

Harm Reduction Principles 24

Harm Reduction and Psychotherapy 25

Psychedelics and Harm Reduction 25

The Arc of Psychedelic-Assisted Therapy 26

Assessment 27

Preparation ... 30

Integration ... 32

Chapter Three: Discussion, Recommendations, and Reflections ... 43

Summary of the Literature ... 43

Recommendations ... 46

Outline of the Training ... 47

Final Reflections ... 51

References ... 53

Tables ... 66

Table 1 ... 66

Exclusion Criteria Summary for MDMA for PTSD ... 66

Appendix A ... 67

Agenda of PHRI Program ... 67

Session 1 Agenda ... 67

Session 2 Agenda ... 68

Appendix B ... 70

PHRI Handout Package ... 70

Psychedelic Harm Reduction and Integration (PHRI) Training Guide ... 70

Chapter One: Introduction

Psychedelics are rapidly expanding in therapeutic use; more clients are showing up in therapist and medical professionals' practices asking about psychedelics for therapeutic intentions or after having psychedelic experiences looking for integration support. However, many professionals might not know how to answer their questions or support their integration processes. With the increase in media exposure and clinical trials testing psychedelics as potential new treatments for mental and emotional health ailments, there is increased interest and simultaneously a need for more research and education on the topic (Aday et al., 2019; Earleywine et al., 2022). Due to limited access to psychedelic-assisted therapy trials, people are seeking underground guided sessions (illegal contexts), experimenting on their own, using recreationally, or traveling to other countries where they are legal to address personal curiosity and health concerns (Pilecki et al., 2021). In the USA, one study reported that over 32 million people had used psychedelics within their lifetime, and this did not include many of the popular substances; needless to say, this is a large population that is using these substances in their lives (Krebs & Johnson, 2013). This paper will be an initial investigation of exploring Psychedelic Harm Reduction and Integration (PHRI) services which can be an umbrella term used for supporting clients with aspects of using psychedelics for therapeutic use although not necessarily providing or partaking in the assisted therapy session with the psychedelic substance. This paper will look at elements of assessment, preparation, harm reduction, and integration and the various approaches to integration that are present in the literature. However, it will not include the literature on actual considerations or training on delivering assisted therapy nor will it dive deeply into all the different substances and the contexts surrounding them. Finally, this paper will conclude with an outline for a training to provide health professionals with an introduction

and orientation to key considerations in supporting their clients who are exploring psychedelics for therapeutic use.

Context Setting and Overview of Topic

Mental health conditions are on the rise globally. Between 2007 and 2017, the incidence of mental health conditions and substance abuse disorders rose 13% (World Health Organization, n.d.). As of 2022, over 450 million people globally are struggling with some form of mental illness (World Health Organization, n.d.). Fifty percent of Canadians aged 40 and older will have experienced a mental illness in their lifetimes (Smetanin et al., 2017). While significant, these numbers do not tell the whole story. Poor mental health is often transdiagnostic and accompanied by multiple comorbidities, such as, chronic pain, inflammatory diseases, and substance use disorders, creating multiple diagnoses or symptom presentations making treatment complex (Ford et al., 2014; Karatzias et al., 2017; Patten et al., 2005; Rush et al., 2008). Often diagnosis, or a western medical model, does not include socioenvironmental factors such as various forms of oppression that can correlate to negative health outcomes which can add more complexity to treatment options and is often overlooked (Jones et al., 2019). Chesney et al. (2014) found that living with mental illness is correlated with a 10 - 20-year reduction in life expectancy. It is further estimated that over $50B CAD (2.5% of GDP) is lost in the Canadian economy every year to health care costs, lost productivity, and reductions in health-related quality of life (Lim et al., 2008; Smetanin et al., 2017). This figure becomes $90B CAD when the economic impact of substance use disorders is considered alongside mental health disorders (Canadian Substance Use Costs and Harms, 2018; Dewa & McDaid, 2010). In the United States, this number is reported at $1T USD per year (World Health Organization, n.d.). Therefore, mental health implications span quality of life, capacity to function, and larger societal economic factors.

Despite the increasing incidence and significant costs of diminished mental and emotional well-being, evidence suggests that many first-line pharmacological and psychotherapeutic interventions are not effective in these conditions. Two examples are that up to 50% of PTSD patients and 60% of alcohol and substance use disorder patients see no meaningful resolution of their illness through currently available treatments and dropout rates can be high (Marseille et al., 2022). The need for novel and more effective mental health treatments is widely acknowledged across practice and literature (Marseille et al., 2022). Furthermore, without effective treatment options, conditions like depression and PTSD can resemble intractable, chronic diseases to be managed throughout a person's life. They are referred to as treatment-resistant conditions. Up to 90% of suicides can be attributed to mental health disorders (Brådvik, 2018). Living with treatment-resistant conditions can really alter someone's sense of self, agency, and well-being in the world.

One of the emerging potential treatment options for these conditions, is psychedelics and psychedelic-assisted therapy. The etymology of the word Psychedelic comes from the Greek word *psykhē* or psyche meaning mind, soul, and life, and secondly, the word *dēlos* meaning clear and visible (Online Etymology Dictionary, n.d.). It is also commonly defined as mind-manifesting meaning when psychedelic substances are taken, they can alter our perceptions, emotions, consciousness, and self to manifest our being (Swanson, 2018). Lysergic acid diethylamide (LSD), psilocybin (magic mushrooms), methylenedioxymethamphetamine (MDMA), ketamine, ayahuasca, and the active molecule in ayahuasca dimethyltryptamine (DMT), and mescaline or peyote are examples of these substances. Many of these substances have been traditionally used in indigenous cultures for thousands of years, while others are synthesized without an indigenous cultural context surrounding them (Krebs & Johansen, 2013;

Pilecki et al., 2021). Psychedelics, or especially plant medicines, are not a new thing. In the 1960's research was taking place with psychedelics, however, research ceased for a period and psychedelics were pushed underground and resulting in what is often referred to as the "war on drugs." This shift started to create cultural stigma and resulted in the scheduling of psychedelic drugs as illegal. However, there has been a more recent wave of bringing psychedelics back into scientific research and mainstream media. This renewed interest is largely driven by these substances' apparent therapeutic efficacy for treatment-resistant conditions (Breeksema et al., 2020).

Markers of growing interest in these potential treatments are plentiful. Clinical trials have been greatly increasing, with 77.1% of registered psychedelic-related trials occurring since 2017 (Kurtz et al., 2022). Legitimate and prestigious research institutes such as, Johns Hopkins's Center for Psychedelic and Consciousness Research, are being established across the globe. Michael Pollan wrote a New York Times best-selling book on the subject, *How to Change Your Mind*, which was turned into a Netflix mini-series (Pollan, 2018). It was a Top 10 show following its release (Bean, 2022). Janssen Pharmaceuticals' nasal spray, Spravato (esketamine, a derivative of the psychedelic Ketamine), was given FDA approval for treatment-resistant depression in 2019 (Aday et al., 2020). Psilocybin has been decriminalized in jurisdictions such as Oregon and California (Aday et al., 2020). Finally, public opinion is shifting. A 2020 market research study conducted in the U.S. and U.K. found that 51% of participants support the legalization of psychedelics for medicinal use, with only 26% opposed (Prohibition Partners, 2021). These trends and the resulting public demand for access to therapeutic psychedelics, are affirmed throughout the associated literature (Pilecki et al., 2021).

While enthusiasm may be growing regarding the potential of psychedelics as a potential treatment option for many people with chronic suffering, complexity persists regarding their study, use, and administration. In many jurisdictions, psychedelic use is still illegal, driving therapeutic interventions and recreational use underground (Pilecki et al., 2021). This also impacts research as many of the substances are still scheduled and illegal substances. There are also numerous challenges in studying the efficacy of psychedelics. Mechanisms of action are complex, research designs are challenging, and there is no standardized therapy to accompany the process making research hard to measure and compare (Kurtz et al., 2022). Therapeutic practice is equally as impacted. Psychedelic-assisted therapy and harm reduction and integration services may be in increasing public demand, but professional training opportunities and supporting resources for practitioners are needed to meet this growing public curiosity. Practitioners are faced with ethical and legal dilemmas with respect to utilizing these promising, but ultimately yet-to-be-proven interventions. Many therapists and mental health professionals are unwilling to take on or are uncertain of the personal and professional risk offering these services entails at present. While there is a small and growing movement and an emerging field of practice, it remains nonconclusive and underdeveloped. The intersection of public demand, research advancement, and the need for improved well-being outcomes will drive the ongoing need for further research, training, and development of professionals in this space (Aday et al., 2020; Earleywine et al., 2022).

Purpose of the Paper and Contribution to the Field

The purpose of this paper will be to review the literature on the following topics: the history and theory of change of psychedelics integrated into Psychotherapy; harm reduction and its application to psychedelics (PHRI); and the arc of psychedelic-assisted therapy, assessment,

preparation, integration, and the approaches to integration. The literature review does not cover content on the assisted psychedelic sessions themselves. Based on the literature review, the final chapter will introduce a rationale and outline for a training developed in partnership with Numinus Wellness targeted for health professionals on Psychedelic Harm Reduction and Integration. This training is a contribution to this emerging field. The learning objectives for this training are for professionals, at an introductory level, to be able to: assess the client needs during the different stages of the psychedelic journey; apply a harm reduction framework to assessment, preparation, and integration; articulate the current ethical limitations and considerations of psychedelic harm reduction; and support and guide clients through the integration process. Note that the training is meant to be at in introductory level and provide an orientation for professionals. More training is recommended for those wanting to pursue this work of therapy more deeply. Therefore, the purpose of this paper will be to introduce the relevant topics, review the literature and introduce an applied learning training.

Theoretical Framework

As psychedelic-assisted therapy is an emergent and growing field there is no one theoretical perspective or therapeutic approach that is applied to this field. It is also a field that is including multiple disciplines and often a transdiagnostic approach to working with and supporting clients. However, the theoretical framework applied to the training is pragmatism. The training will specifically focus on real-world practice-oriented applications to expand on available materials available in the literature. It will also be offered to a group of health professionals who have training and experience that they bring and so it an attempt to build off what they know and provide practical skills and considerations they can take into their work. While the training is meant to be pragmatic and offer practical applications for participants this

will be done through teaching a combination of didactic, experiential, and problem-based learning.

Reflexivity and Positionality Statement

My connection and motivation to this work is both deeply personal and professional. My work has been really focused on this field since 2013 and my personal explorations, even earlier. In 2011, I put the intention out there of having a more authentic spiritual practice and soon after was invited to attend a weekend of ayahuasca ceremonies. I did not have much preparation and I did not really know much about it. In hindsight, this might have been a bit naive. The next year was a big unraveling of my life or a big disintegration. My life was stable and meaningful before ayahuasca, and the experiences with this medicine really dysregulated me. I did not have much context. I tried some professional support, but the professionals I encountered did not really seem to be able to help that much. After a year, things started to change, I started to feel more agency and started to build my life back up. This experience really stuck out for me. Looking back at it now, I am happy it all happened although, with some more trained support, it could have looked different. It left me with a lot of questions.

Starting in 2017 my work shifted to focus on assessment for the center in Peru, as well as preparation and integration sessions. During this time, people working with other psychedelics also started to reach out to me for support. I also started to collaborate and run consultation groups for therapists and other health practitioners. These groups are centered on integration and in collaboration with Psychologist Dr. Ido Cohen, based in San Francisco. Therapists have also been reaching out to me asking about support and training for integration support as many professionals have reported increased clients showing up in their practice who have worked with Psychedelics. Since my first experience in 2011, the therapeutic explorations of these substances

have gone from the fringes to the mainstream, creating a need for more education and training. I feel called to continue to explore this growing field.

Finally in 2022, I started working for Numinus Wellness doing training development and training facilitation. This is where the training, in Chapter Three, was originally developed with me as the project lead. One major aspect driving this field is research, and equally so, experience and observation of the needs and best practices that are emerging.

While my original exploration was deeply personal, and this work has been incredibly transformative it has bridged easily into the professional world and moved between the two. While my years in this field, originally a mostly indigenous context and now private practice and supporting those in a clinical context, have taught me a lot I also feel there is still a lot to learn. It has also taught me that the Western health context is now trying to integrate many aspects that are deeply integrated into Indigenous views on healing and expanding on a mostly mental and diagnostic model. My years working in the jungle, alongside indigenous healers, gave me great reverence for the mastery, context, skill, and care that goes into this work. I also firmly believe these medicines can be a tool although not a quick fix nor are they an option for everyone.

Definition of Terms

Assessment

In this context means considering the internal and external factors that contribute to determining if psychedelics for therapeutic intentions are suitable for a client or are contraindicated.

Integration

The integration process refers to the stage of the treatment post-psychedelic experience. Integration is the therapeutic process of supporting clients to apply and incorporate their process

into their everyday life to support their personal intentions, health, growth, and well-being (Gorman et al., 2021; Pilecki et al., 2021). It provides the spaces to explore, ongoing emotional processing, meaning making of their experience, mitigate potential adverse effects, and think about how they can use the experience to make behavioral and life changes (Gorman et al., 2021; Mithoefer, 2016; Pilecki et al., 2021). Therefore, the role of the therapist or mental health professional is to support the client in this process (Gorman et al., 2021; Mithoefer, 2016; Pilecki et al., 2021). There might also be an assessment component for their integration needs post experience, as this can vary from client to client ranging from needing little to a lot of support (Mithoefer, 2016).

Preparation

Refers to the stage of treatment prior to working with a psychedelic. It often includes certain elements such as: psychoeducation; establishing the therapeutic alliance; intention setting and expectation management; orientation to altered states of consciousness and the assisted session logistics; resourcing, supportive attitudes or ways of navigating their experiences (Carhart-Harris, 2018; Danforth, 2009; Mithoefer, 2016; Timmermann et al., 2022; Watts, 2021).

Psychedelics

In this paper this term is used as an umbrella term to refer to a group of substances that alter awareness and states of consciousness. It is commonly defined as mind-manifesting meaning when psychedelic substances are taken, they can alter our perceptions, emotions, consciousness, and self to manifest our being (Swanson, 2018). Some of the most popular Psychedelics are Psilocybin, MDMA, Ketamine, ayahuasca, LSD, peyote, iboga, and many more.

Psychedelic-Assisted Therapy

Psychedelic-assisted therapy refers to the therapeutic structure that combines psychotherapy as the container combined with an often, strong dose of a psychedelic to work alongside the client for therapeutic intentions and is often structured in a non-directive and client-centered way (Mithoefer, 2016).

Psychedelic Harm Reduction and Integration

Is currently the one of the dominant clinical approaches for integration for people who are not working within a psychedelic-assisted therapy framework. It is defined by Gorman et al., (2021) as “Psychedelic Harm Reduction and Integration (PHRI) is a transtheoretical and transdiagnostic clinical approach to working with patients who are using or considering using psychedelics in any context” (p.1).

Third Wave Therapies

Third wave therapies refer to a group of therapies that grew out of Cognitive Therapy (first wave) and Cognitive Behavioral Therapy (second wave) and expanded to include Eastern practices such as mindfulness and acceptance and turning towards and embracing the present moment experience (Prochaska & Norcross, 2018 Walsh & Thiessen, 2018).

Outline of the Remainder of the Paper

The remainder of this paper will be an exploration of the literature in chapter two and chapter three will outline the rationale and design for the proposed training aimed at Mental Health Professionals curious to know more about psychedelic applications and considerations. The literature review will first summarize the history of psychedelics in correlation with psychotherapy. For the purposes of this paper, it will not dive deeply into the indigenous history and contexts of plant medicines. Next, the literature review will review elements of assessment, preparation, harm reduction, and integration and the various approaches to integration that are

present in the literature. The literature review will aim to summarize the important aspects, considerations, and commonalities found between the different approaches and perspectives currently available in the literature. Finally, chapter three will be a short discussion of what was found in the literature, the gaps, and recommendations. It will then outline and overview the training, its theoretical perspective that was developed in partnership with Numinus Wellness. The training is the paper's recommendation as one attempt to meet the gap in the field. Finally, it will end with some personal reflections on this process.

Chapter Two: Literature Review

The purpose of this chapter is to review the literature on the relevant topics surrounding offering PHRI services. This chapter will literature review will cover the following areas: historical and theoretical underpinnings of psychedelics, the importance of harm reduction in psychedelic therapy, the arc of psychedelic-assisted therapy including assessment, preparation, and detailed approaches to integration.

Historical and Theoretical Underpinnings of Psychedelics

As previously mentioned, psychedelics is a catch all term used for substances that have an altering effect on perception and have hold a capacity to connect with different elements of human or spiritual experience. Substances to alter consciousness have been part of many cultures for thousands of years and are integrated into many Indigenous cultural practices that still take place today. The traditional use of plant medicines such as peyote, psilocybin, ayahuasca, iboga to mention a few, have been used with the intentions of cultural practices and rituals, ceremony, sorcery, physical healing, religious sacraments, and alliance building (Johnson et al., 2019; Labate & Cavnar, 2014). These medicines are also integrated into a cultural context and indigenous framework that often promotes an idea of interconnection and integration or mind, body, spirit, and community (Bathje et al., 2022; Sue et al., 2019). These traditions are still facing potential colonial impacts as psychedelics become increasing popular and tourism to these areas increase, one example is ayahuasca tourism in Peru and therefore reciprocity for these traditions is now being encouraged within this current psychedelic movement (Bathje et al., 2022). Practitioners are also encouraged to be aware of the context that clients are working with psychedelics because there can be certain practices and cosmovision that can be relevant to working with these medicines within an indigenous context (Timmermann et al., 2022).

In the context of psychedelics in the exploration and integration with Psychology, there has been three dominant waves. This integration started in the late 1800s. Each period had various theories throughout specifically focusing on how psychedelics work to support healing when combined with therapy. Often the hypothesis of how psychedelics worked at the time, matched the larger discourse of dominant therapy that was current at the time. The first and second wave had two main hypotheses of psychedelic theories: the first being model psychosis and the second being filtration theory, which both drew heavily on psychoanalytic theory (Swanson, 2018). In model psychosis, it was believed that mescaline and later LSD, could replicate elements of psychosis and bring up unprocessed psychodynamic content to then be looked at and integrated in therapy (Phelps, 2017). In the 1950s, during the second wave of psychedelic therapy, the term psychedelic was termed by Osmond (Swanson, 2018). It was used to describe filtration theory that suggests psychedelics would "manifest the mind by inhibiting certain brain processes which normally maintain their own inhibitory constraints on our perceptions, emotions, thoughts, and sense of self" (Swanson, 2018, p. 173). This captures the idea of an opening of the mind and self to other possibilities (unconscious self) and experience beyond the normal process of filtered or fixed thoughts (conscious self) and experiences that often make up our day-to-day reality. By increasing accessibility to information and with defenses lowered, the client could work through past conflict with the therapist (Carhart-Harris et al., 2014).

The third and most recent wave draws heavily on neuroscience and the understanding of how these substances impact the brain, body, and consciousness. The most common theories in the third wave are: Entropic Brain Theory (EBT), Integrated Information System (IIT), Predictive Processing, and the REBUS model (Carhart-Harris, 2018; Swanson, 2018). The EBT

hypothesis was created through monitoring the brain's activity in altered states and suggests that psychedelic drugs (and other non-ordinary states such as REM sleep state) put the mind and system into a state of entropy, which is when increasing uncertainty moves us out of our default mode network (DMN) which can lead to opening our ability to connect with primary and secondary consciousness, connect different neuropathways, and increase psychological flexibility (Carhart-Harris et al., 2014; Carhart-Harris, 2018; Swanson, 2018). Therein this theory suggests the potential of psychedelics within the therapeutic practice, is to increase the entropy to promote change (Carhart-Harris et al., 2014). IIT builds and shares a lot of understanding with EBT; it includes the notion of cause and effect and "describes the brain's continual challenge of minimizing entropy while retaining flexibility" (Swanson, 2018, p. 13) and managing both the quality and quantity of consciousness (Gallimore, 2015). The IIT theory suggests that while there is a decrease in cause-effect information and sometimes cognitive capacities there is simultaneously an increase in consciousness (Gallimore, 2015). Predictive Processing is another theory to understand how the brain interprets information. It discusses how psychedelics interrupt and disrupt our normal ways of thinking and perceiving although with this also comes greater risk of destabilization and potentially psychosis (Swanson, 2018). Carhart-Harris is one of the dominant neuroscientists researchers who publishes on how psychedelics work. Theis team built off of the EBT model and their newest concept of how psychedelics work is the relaxed beliefs under psychedelics (REBUS) model (Carhart-Harris & Friston, 2019). The REBUS model suggests that under the influence of psychedelics our beliefs, assumptions, and ways our defaults ways in which our brains operate relax and revise beliefs and opens heightened neuroplasticity that would otherwise be supressed by normal brain functioning (Carhart-Harris & Friston, 2019; Zeifman et al., 2022). This allows for more access and movement of bottom-up

processing information, often associated with the limbic system but also the wide variety of experiences that have been reported through ingesting psychedelics (Carhart-Harris & Friston, 2019; Zeifman et al., 2022). The REBUS was further continued to look at the integration phase and the relaxed beliefs after psychedelics (REBAS) and that this acute relaxation and revision of overweighted beliefs is what continues to cause positive health outcomes over time (Zeifman et al., 2022). Essentially these models state that through the process of ingesting psilocybin, overtime we can shift our negative self-beliefs and those also relating to others that correlate to more positive outcomes in well-being although further research is needed in this area (Zeifman et al., 2022).

In the current wave of psychedelic therapy there can also be an overlap with experiences and stated outcomes of second and third wave therapies of promoting openness, acceptance, cognitive flexibility and developing the capacity to go towards experiences versus trying to resist them which will be further explored later in this paper (Walsh & Thiessen, 2018; Wolff et al., 2020). The overlap between the psychedelic experience theories and their impacts are often summarized as a catalyst to increase openness and internal movement in the following areas: emotional, cognitive, perceptual/visual, somatic, consciousness, and spiritual experiences (Bayne & Carter, 2018; Gallimore, 2015; Phelps, 2017; Swanson, 2018). This increase in awareness and increased accessibility to these various types of internal information combined with lowered defenses is what is thought of as some of the key elements that make this a breakthrough treatment (Carhart-Harris et al., 2014) Within this opening lies the potential of healing work, although an experience alone might not be sufficient for lasting impact (Maté, 2018). When paired with therapy, the lessons or experiences can be integrated into daily living (Luoma et al., 2020). Thus, the therapeutic container surrounding the experience in equally important.

Psychedelic-Assisted Therapy

What makes this use of psychedelics different then recreational use of these substances, is the integration within therapeutic practice. This provides an ethical framework promoting safety by offering assessment on readiness, dosage, what substance might be appropriate for the client's symptoms, and can correlate to longer term impact (Curtis et al., 2020; Phelps, 2017; Schenberg, 2018). There are several steps, which all play a crucial role in the arc of psychedelic-assisted therapy: assessment and determining suitability, preparation, process with the substance, and finally integration which will all the explored in more depth below (Curtis et al., 2020; Phelps, 2017; Schenberg, 2018; Swanson, 2018). Schenberg (2018) offers a perception shift away from the focus on "drug efficacy to experience efficacy" (p. 5), once again highlighting the importance of moving beyond thinking simply about the substance and more about the whole therapeutic protocol. Therapists are involved and working alongside clients in all these stages, including being present during the session with the psychedelic. The integration period can last up to months after the actual psychedelic experience and can vary in length based on the clinical trial protocol and patient needs especially when a client is struggling after the psychedelic session (Garcia-Romeu & Richards, 2018). When working with substances that can open many experiences for people, there is potential for it to be disorienting and disruptive to their lives, which therapy can support by helping the client to work with and learn from.

In the literature there is also a high importance put on the idea of set and setting when thinking about conditions for treatment to take place. Set refers to the internal state and preparation of a person seeking treatment which could include personal tools and capacity, intentions, expectations, motivations, readiness, and general mental and emotional health (Curtis et al., 2020; Phelps, 2017; Schenberg, 2018). This preparation stage can be helpful to prepare the

client for the psychedelic session and to build the therapeutic alliance to support trust for the work ahead (Garcia-Romeu & Richards, 2018). Setting refers to the environment or container which the treatment takes place which can include place of treatment, lighting, music, personal objects, ceremonial objects, comfortable sitting and lying options, blankets, eye shades etc. (Curtis et al., 2020; Phelps, 2017; Schenberg, 2018). Care is emphasized in all elements of the protocols. While clinicians offering PHRI services might not be directly involved in the assisted sessions with the psychedelic medicine, below is a more in-depth look at considerations in the literature for harm reduction and the arc of psychedelic-assisted therapy assessment, preparation, and integration.

The Importance of Harm Reduction and Psychedelic Therapy

This section will explore and review the literature on what is harm reduction, harm reduction principles, and how it is currently being applied to psychedelic therapy and integration support.

Harm Reduction Approach

Harm reduction approach, as previously mentioned, was first developed for public policy but now more generally applied as an alternative from the disease and moral theories of thinking about and working with substance or behaviour addictions or risky behaviour (Baltzer et al., 2008; Gorman et al., 2021). The primary goal of harm reduction in the context of is to enhance and promote safety while mitigating or reducing risk and harm to the individual (Gorman et al., 2021; Hawk et al., 2017; Pilecki et al., 2021). The approach has been applied to substance use (e.g. opioid addiction), behavioural addictions (e.g. gaming or risky sexual behaviour etc.) (Baltzer et al., 2008, Hawk et al., 2017). It takes the stance that people's addictive behaviours and substance use are often serving a variety of functions and purposes and that substance use or

behaviours are also on a spectrum (Aggarwal et al., 2012). Harm Reduction is noted for its humanistic approach and while abstinence can be integrated into a harm reduction goal it is not the primary goal and does failure to abstain from substance of behavioural use does not preclude the client from treatment (Gorman et al., 2021; Hawk et al., 2017; Tatarsky, 2003; Tatarsky & Kellogg, 2010). It also puts the risky behaviour in a sociocultural context versus putting the sole onus on the individual (Tatarsky & Kellogg, 2010). While this approach can be applied to many aspects of life and human care more recently it is being applied in the context of psychotherapy (Tatarsky, 2003; Tatarsky & Kellogg, 2010) and psychedelic harm reduction and integration (Gorman et al., 2021; Pilecki, et al., 2021).

Harm Reduction Principles

There are underlying principles and associated with harm reduction approach. In one study (Hawk et al., 2017) interviewed many harm reduction providers to highlight the important principles with the intention of psychoeducation for health professionals. The principles are humanism, pragmatism, individualism, autonomy, incrementalism, and accountability without termination (Hawk et al., 2017). Here is a short summation if their principles: humanism is the respect for people and their choices and an assumption that their behaviours serve a purpose; pragmatism is to realize nobody has perfect health and the person's choices happen within a larger sociocultural context; individualism is to see the individual strengths and needs of every client and to tailor treatment accordingly; incrementalism is that change happens over time and any small steps are important and to normalize backward movements; accountability without termination is defined as that the client has the right and responsibility to make their own health choices, if goals are not met there is no termination but rather highlighting the responsibility of their choice and supporting them through that (Hawk et al., 2017). Overall, these principles

highlight the right of choice, responsibility for the client and puts their behaviour into a larger context. For the health provider it also really highlights a compassionate view of meeting the client where they are at, recognising their needs and strengths and embracing incremental change versus a strict abstinence model.

Harm Reduction and Psychotherapy

Many of the harm reduction principles can be applied to a therapeutic lens although Tatarsky's work made a direct connection in developing Harm Reduction Psychotherapy. In this application of harm reduction to the therapeutic context, psychotherapy is individually tailored by really understand different psychological, biological, and social considerations of the individual's addictions (Tatarsky, 2003; Tatarsky, 2007; Tatarsky & Kellogg, 2010). According to Tatarsky, there are seven tasks for the practitioner to embrace who is engaged in Harm Reduction Psychotherapy: developing the therapeutic alliance; develop the client/practitioner relationship as an agent of healing; enhancing client self-management and self-regulation; assessment as part of the treatment and ongoing process; helping the client to accept ambivalence; engaging the client in harm reduction goal setting; and individualizing a client plan for positive change (Tatarsky, 2007).

Psychedelics and Harm Reduction

Harm reduction is more commonly being applied as an approach and method for therapists and practitioners supporting clients engaging with psychedelic work (Gorman et al., 2021; Pilecki et al., 2021). It has been more commonly references as Psychedelic Harm Reduction and Integration (PHRI) (Gorman et al., 2021). PHRI's application is intended to reduce harm for the client and protect the therapist or practitioner offering PHRI services as psychedelics are still illegal in many contexts. The PHRI approach encourages practitioner

awareness of potential legal and ethical issues and to do a personal risk assessment in delivering PHRI services to clients (Jade, 2018; Pilecki et al., 2021). While PHRI is not, in the context of psychedelic-assisted therapy and support, being applied to substance misuse, it can focus on the therapist reducing harm of these substance ingestion and supporting conditions to maximize benefits. Integral to PHRI is the fostering of client self-efficacy, respecting their autonomy, amplifying collaboration with the practitioner, concretizing the plans for the psychedelic journey during preparation and supporting integration post experience (Gorman et al., 2021; Pilecki et al., 2021). It should be noted that in one research study, some of the psychedelics scored the lowest compared to other substances in terms of overall harm (Nutt et al., 2010). However, when approaching providing PHRI services there are considerations and risk for both the client and therapist therefore a harm reduction approach is applicable (Gorman et al., 2021; Pilecki et al., 2021). Providing PHRI services does not necessarily mean directly supporting assisted therapy sessions but how to support potential clients' curiosities for wanting to work with them or supporting them in integration after they have partaken with the psychedelics.

The Arc of Psychedelic-Assisted Therapy

While many health professionals will not directly provide assisted sessions with psychedelic substances, there is a growing need for professionals to understand psychedelics and how they are used for therapeutic uses and contexts. In this section of the paper assessment, preparation and integration will be discussed and relevant research findings on each topic. Note this paper is not meant to address working and assisting practitioners in providing psychedelic-assisted therapy and specific training for medicine and presenting problems would be needed on these topics. Therefore, it is not discussed or captured in this literature review for the purposes of this paper.

Assessment

Research, thus far, suggests that psychedelics within a clinical context are generally low risk in healthy individuals. Assessment in this context means assessing suitability for psychedelic work and trying to minimize risk and potential long-term harmful impacts (Bender & Hellerstein, 2022). In one research study, some of the psychedelics scored the lowest compared to other substances in terms of overall harm (Nutt et al., 2010) and within the current clinical trial setting no participants have been hospitalized (Bender & Hellerstein, 2022). However, for the use of psychedelics, there are risks and certain contraindications. Specific research on assessment is limited (Swanson, 2018). This section on assessment will explore the literature on risks, contributing factors, and common contraindications listed within different clinical trials to find commonalities in a perceived ill fit for this work. Clinicians are encouraged to understand the nuances of the risks for the clients who are working with these substances recreationally and within a therapeutic context (Bender & Hellerstein, 2022).

Johnson et al., (2008) suggests the main concerns of working with these medicines are “largely psychological rather than physiological in nature” (p. 606). Furthermore, according to Johnson et al., (2019) there are three main risk categories with the use of psychedelics: disorienting or “bad trips” meaning that can increase anxiety, disorientation, delusions etc., and subsequent potential risky behaviours; exacerbation of psychotic disorders or manic states, especially in those with history of psychotic disorders; short-term psychological impacts such as increased heart rate or blood pressure which could be contraindicated for certain pre-existing health conditions for example, heart conditions. Research suggests that psychedelics can cause big emotional processes, destabilization, uncovering of traumatic memories dysphoria, distress post-experience, and how to best support this process is still being determined (Anderson et al.,

2020; Bender & Hellerstein, 2022; Johnson et al., 2019 Timmermann et al., 2020). However, within the clinical trial setting context, the risk or prolonged psychological or neurological detrimental impact is incredibly low (Bender & Hellerstein, 2022).

Psychedelics are also being applied in a variety of settings and special considerations might be appropriate for different psychedelic medicines, different doses and to certain populations, for example, palliative care and needing extra medical screening (Byock, 2018). While research is limited, medications are also another potential contraindication and should be assessed by an approved medical professional (Sarparast et al., 2022; Swanson, 2018). More generally, it should be noted what is within the scope of practice for each health professional and when additional medical support or screening is needed. For clinicians doing assessment and preparation work with their clients, they would need to expand the understanding of informed consent with the client to include risks of ingesting psychedelic substances beyond the normal considerations and risks of therapy (Holoyda, 2020). Ethically this would need to include and educate potential clients about the risks and safety concerns of taking psychedelics so that an informed choice can be made.

Another aspect of assessment mentioned in the literature is set and setting. Set refers to someone's internal state and intentions that they come to the experience with, and setting is the context or environment in which they take psychedelics (Johnson et al., 2008). Potential participants and practitioners are encouraged to consider and assess as applicable if the client's internal set is ready or safe to engage with these medicines to consider the optimal setting for the client as unmonitored settings can increase risks (Johnson & Griffiths, 2017). However, very little research has been conducted that correlates set and setting differences to therapeutic

outcomes (Bogenschutz & Forcehimes, 2017). Haijen et al., (2018) also argue that psychedelic outcomes are hard to predict potentially also making them challenging to assess.

In exploring the research on set, earlier research suggested evidence of participants entering the assisted session who were engaged in the therapeutic process, in a good emotional and mind state had less adverse or challenging experiences versus those who were experiencing a lot of anxiety and/or inner conflict (Leary et al., 1963; Metzner et al., 1965; Richards et al., 1977). This distinguished the importance of taking care of and assessing someone's state prior to this work. Research also suggests that earlier trials in the 1950-1970s while they were scientific, these studies did not match the clinical rigor present in more recent clinical trials for assessment and inclusion/exclusion criteria (Andersen et al., 2021).

A more in-depth analysis could be done of the clinical trials and their inclusion and exclusion criteria. For the purposes of this paper, refer to Table 1 for the exclusion criteria from two of the major studies by well-established researchers in this field: one for MDMA for PTSD (Mithoefer et al., 2019) and one psilocybin for the treatment of depression (Carhart-Harris et al., 2016).

In conclusion of this section, it appears as though with the right support and follow-up care for healthy individuals, psychedelics can cause disturbances although in most cases do not lead to detrimental and long-term negative impacts. For those suffering from more severe psychological conditions or distress, proper assessment and support are required to mitigate risk, assess suitability and question if this work is appropriate and under what circumstance, or if it might not be ever deemed safe for certain psychological or medical indications or diagnosis. More research is needed on this area and as previously mentioned, this can be difficult thing to assess for.

Preparation

Preparation in this context is often referred to the period when the client has decided to partake or is deemed suitable in a psychedelic experience until the actual assisted session. When integrated into a therapeutic container, this would also include therapy sessions specifically focused on preparing the client for the assisted session, and integration process afterwards. Research is still fairly limited to address preparation and the therapeutic methods or process of preparing clients for this work (Watts & Luoma, 2020). There are a few key elements discussed in the literature that are often covered in preparation that will be discussed in this section. The key elements of preparation referenced in the literature are establishing the therapeutic alliance; intention setting and expectation management; orientation to altered states of consciousness and the assisted session logistics; resourcing, supportive attitudes, or ways of navigating their experiences (Carhart-Harris, 2018; Danforth, 2009; Mithoefer, 2016; Timmermann et al., 2022; Watts, 2021).

As mentioned in the assessment section, also during preparation there might be a need to continue to orient the client to informed consent through psychoeducation and understanding of the risks or potential things that can arise in this process and how to potentially navigate them (Holoyda, 2020; Watts, 2021). This aspect of preparation can also be about orienting the client to the practicalities of what the assisted session could look like and attitudes of how to work with the content (Mithoefer, 2016; Watts, 2021). For the therapist, preparation is the ground to establish rapport and build the therapeutic relationship with the client (Mithoefer, 2016; Watts, 2021).

While research is limited about best approaches and therapeutic processes to support clients in preparation and integration, there is a theme in the literature about introducing

therapies that include promoting acceptance, self-directed, turning towards experience, and that have a body or somatic focus to promote a reduction of experiential avoidance (Danforth, 2009; Mithoefer, 2016; Timmermann et al., 2022; Watts & Luoma, 2020; Watts, 2021). A small but growing research base supports the overlap of stated outcomes of third-wave therapies and psychedelic-assisted therapy. The stated outcomes shared between third wave therapies and psychedelic-assisted therapies are promoting openness, acceptance, cognitive and psychological flexibility, and developing the capacity to go towards experiences versus trying to resist them (Walsh & Thiessen, 2018; Watts et al., 2017; Wolff et al., 2020). This process of turning toward can start in the preparation phase, during a psychedelic experience, and extend into the integration therapy afterwards.

This attitude of turning towards can support providing tools for navigating during the medicine session which is another aspect of preparation. Two of the manuals from major research groups investigating this work, encourage breathwork, grounding techniques, visualizations as ways to prepare the client to do this during the session that can support navigating difficult experience and to also start to work with processing more bottom-up information (e.g., emotions, sensations) versus rational or cognitive processes (Mithoefer, 2016; Watts, 2021). Therefore, preparation can act as a place to practice turning towards and being with sensation, emotion and learning to direct attention or awareness which can support the participant in the psychedelic experience. This can also be ground for the therapist and client to learn how they process information internally, again which can be useful information to explore before working with a psychedelic (Danforth, 2009).

Intention setting is another element of preparation. Intention setting is a means to help the client set a direction or aim for the psychedelic process, and has been correlated with peak

experiences, well-being, and better therapeutic outcomes (Carhart-Harris, 2018). It is considered an important part of the preparation phase, linked to concrete goal setting and the integration that follows the medicine session. Clients are encouraged to keep intentions clear, short, and so also be open to what arises during the psychedelic session (Watts & Luoma, 2020; Watts, 2021). This period can also be used to address client expectations, which is often them being fixed on a certain outcome, answering question, fears or concerns about the work which could inform intentions (Mithoefer, 2016; Watts, 2021).

Integration

As previously mentioned, integration often refers to the stage of the treatment post-psychedelic experience. Within the therapeutic context it is often the time to meet the variety of client needs that can present and support with extending the learning and healing from the psychedelic session. There is also a variety of approaches to integration and number of integration sessions offered between different trials and people coming from different contexts, ingesting drugs on their own or involved in a therapeutic process (Earleywine et al., 2022). This stage of the process should also recenter the client's goals and intentions for doing the work. The intentions can vary from spiritual exploration, addressing emotional and physical health concerns, past trauma processing, wellness, creativity, and personal growth, all of which can inform the direction of the integration process (Gorman et al., 2021). Many support the idea that integration is a major aspect of what sets apart recreational use from therapeutic use and correlates to longer-term impact (Curtis et al., 2020; Phelps, 2017; Schenberg, 2018). In one analysis and interview series with integration providers one research study highlights definitions and themes that are common in thinking about and describing integration (Earleywine et al., 2022). The definition of integration this study presented on reflecting the main themes is, "a

bridge from the psychedelic experience to everyday life that helps clients make sense of their experience in a personalized way, leading to lasting behavior change and a sense of wholeness or completion" (Earleywine et al., 2022, p. 6).

Approaches to Integration. This section will explore the different perspectives and modalities found compatible and supportive for integration. While there is no one approach towards integration the literature suggests different perspectives on what this process could entail. This section explores the general approaches to integration; the psychoanalytical elements that are supportive for integration; the third wave therapy elements that are supportive for integration; current clinical trials; supportive integrative practices; integration challenges; and spiritual experiences.

While research is still limited on this topic, there seems to be a theme that psychedelic integration therapy needs to take an interdisciplinary perspective, and a strong emphasis that therapists take a non-directive, client-centered, and inquiry-based approach to the work (Gorman et al., 2021 Mithoefer, 2016; Phelps, 2017; Pilecki et al., 2021). There seems to also be an emphasis on the therapeutic attitude, recommending approaching this work from a harm reduction philosophy, as previously covered, to support the safe and wise use of substances versus abstinence or a moral model (Gorman et al., 2021; Pilecki et al., 2021). Again, this encourages practitioners to examine their own internal biases and judgments towards these substances and to encourage safe practice for the client within their own ethical limitations (Gorman et al., 2021; Pilecki et al., 2021). Harm Reduction encourages to respect the autonomy and choices of their clients although within this context supporting reducing harm and maximizing therapeutic benefits (Gorman et al., 2021; Pilecki et al., 2021).

Another way of conceptualizing the practice was looking at competency areas for the therapists to be prepared to meet their clients partaking in this work. Phelps, (2017) has identified six main competency areas that therapists should be trained and versed in including: empathetic abiding presence; trust enhancement; spiritual intelligence; knowledge of the physical and psychological effects of psychedelics; therapist self-awareness and ethical integrity; and proficiency in complementary techniques (Phelps, 2017). This range of competencies mirrors the need to approach this work with the attitude of openness and speaks to the ability to support the range of experiences that can arise for clients. It also encourages practitioners to understand the range of medicines and correlating to understand the range of "normal" and when a client might be having adverse experience and might require more support which could be relevant for integration (Phelps, 2017).

One research study they did an analysis and comparison of integration services, programs of therapy models that represent a variety of approaches, target audiences and worldviews towards integration (Bathje et al., 2022). They found six different domains which represent the themes from the different integration approaches although not all were present in all models. The integration domains included: mind, emotional, contemplative; body and somatic; spiritual, existential, and ritual; lifestyle action; relational and communal; and finally, the natural world (Bathje et al., 2022). They noted the tensions between the models of those stemming more from a holistic or indigenous framework versus those rooted more in Western or traditional psychological backgrounds (Bathje et al., 2022). The integration domains could be a system for practitioners to assess the needs of the clients, post integration experience since experiences can vary. The work of Bathje et al., (2022) could also expand on Phelp's (2017) competencies to address areas practitioners offering these services might need proficiency in addressing with and

supporting clients through. Finally, the authors speak to the nature of psychedelic work and how for many clients it asks for an expansion of a more common western approach to healing and well-being that if often focused on a cognitive approach to one that is more holistic and integrative that considers different elements of experience and biosocial and contextual considerations (Bathje et al., 2022). Furthermore, many elements of therapeutic modalities have been identified as supportive to this work such as psychodynamic or psychoanalytic therapies and there is a growing support of third wave therapies, rooted in mindfulness, such as Acceptance and Commitment Therapy (ACT) (Gorman et al., 2021; Walsh & Thiessen, 2018; Watts et al., 2017; Wolff et al., 2020). These will be explored more below.

Psychoanalytic Tradition and Integration. Psychoanalysis is the founding form of Psychology and while there are different versions of psychoanalysis now, the primary principle and goal of the therapy is to support making the unconscious, conscious (Prochaska & Norcross, 2018). Psychoanalytic traditions are deemed relevant to psychedelic integration therapists to have awareness of transference and countertransference, providing a framework for self-concept and an idea of bringing unprocessed material from the unconscious into awareness (Gorman et al., 2021; Mithoefer, 2016; Phelps, 2017). Psychedelics can amplify transference and countertransference and so a psychoanalytical awareness can be supportive to work with the client to understand what played out in the psychedelic session (if done with others) and that can continue to unfold is subsequent integration therapy (Gorman et al., 2021; Mithoefer, 2016; Phelps, 2017). Jungian depth psychology, a psychoanalytical approach, has also been noted as a potentially supportive ideological perspective for supporting this work. Jungian work is about bringing to light the unconscious or shadow content, which could be a lens to view and process of what is uncovered in psychedelic therapy and integration (Mahr & Sweigart, 2020). More

specifically, Jung's work based on symbolism of processing dreams, images, and archetypes, could be applied to understanding the visions and altered states of consciousness that can feel dreamlike (Mahr & Sweigart, 2020; Watts et al., 2017).

Third Wave Therapy and Integration. Third wave therapies grew out of Cognitive Therapy (first wave) and Cognitive Behavioral Therapy (second wave) and expanded to include Eastern practices such as mindfulness and acceptance and turning towards and embracing the present moment experience (Prochaska & Norcross, 2018; Walsh & Thiessen, 2018). The therapeutic effects of psychedelics and stated outcomes of second and third wave therapies share similarities. The third wave therapies are geared towards promoting openness, acceptance, cognitive and psychological flexibility, and developing the capacity to go towards experiences versus trying to resist them (Walsh & Thiessen, 2018; Watts et al., 2017; Wolff et al., 2020). Furthermore, limited research suggests a correlation between the efficacy of both third wave therapies and psychedelic experiences to support improvement for substance misuse, aggression towards self, and mood disorders (Walsh & Thiessen, 2018). Psychedelics are reported to open different experience channels and allow people to relate to their internal and private events from a different perspective and attitudinal place, like how third wave therapies operate. One psilocybin study for depression specifically recommended acceptance and commitment therapy (ACT) as a therapeutic modality that could be researched further as a complement to this work (Watts et al., 2017). Their suggestion was based on the focus of acceptance and psychological flexibility, two main components of ACT, that they saw as two major outcomes of the study participants in the assisted psilocybin sessions (Watts et al., 2017). Finally, third wave therapies can also integrate spirituality into the modality, as their roots stem from Eastern spiritual

traditions which can be another important and often therapeutic theme of psychedelic sessions (Walsh & Thiessen, 2018).

Current Clinical Trials and Therapeutic Structure. While psychedelic integration is showing up in therapists' offices, with clients coming from a variety of settings, it should also be mentioned in this paper how integration is embedded into the psychedelic-assisted therapy clinical trials. Psychedelic-assisted therapy refers to the therapeutic structure developed for clinical trials that combines psychotherapy as the container combined with a psychedelic. There are often three phases of the treatment, all of which play an integral part: preparation sessions, a session with the substance, and finally integration sessions (Curtis et al., 2020; Phelps, 2017; Schenberg, 2018). Therefore, integration is seen as an important and essential part of the treatment. A recently published article said there have been ten published placebo-controlled, randomized trials to date with promising results and this number is likely to continue to increase (Pilecki, 2021). One of the bigger clinical trials happening is MDMA for Posttraumatic distress disorder (PTSD) which is now in phase three treatment (Mitchell et al., 2021). Within this model, there are three integration therapy sessions that happen as part of the therapeutic protocol (Mitchell et al., 2021). The philosophy in the MDMA assisted clinical trials is to support the participant to find their own inner healing intelligence and to have the sessions be client-led (Mithoefer, 2016). Within the psilocybin research, there is some variance in the number of integration sessions and future considerations are to bring more integration sessions to the treatment protocols to support longer-term impact (O'Donnell et al., 2019).

Practices Supporting Integration. The research also suggests a list of integration practices versus the more traditional processing modalities listed above. The following integrative practices have been listed as supportive in the integrative psychedelic experiences

such as yoga, meditation and time in nature, and creative forms of expression such as art, writing, and music as part of the integration process (Mithoefer, 2016; Pilecki et al., 2021). Bathje et al. (2022) have a long list of integrative practices found in their research under thirteen different themed areas ranging from personal practices: movement, reflection/down time, mindfulness, creative, diet/lifestyle, spiritual to those focused on larger connection: nature, ritual, spiritual, community, activism, and relational (Bathje et al., 2022). In the MDMA for PTSD trial protocols clients were also encouraged to set aside time every day to reflect on their assisted sessions (Mithoefer, 2016). This could be another potential overlap with some of the third wave therapies that include elements of mindfulness practices.

Challenges to the Integration Process . There are many potential integration challenges as clients are coming from a variety of contexts: ingesting medicines on their own, working in clinics, finding unlicensed guides (underground therapists), indigenous contexts and cosmologies, legal and illegal settings, using a variety of substances, and a wide variety of responses and experiences clients can have. This can make supporting clients challenging and add a lot of complexity in terms of supporting them in the process of integration. Some research suggests an emphasis of practitioners understanding the context of where the participants are undergoing their psychedelic experiences and/or highlighting the benefits of a safe therapeutic environment as this could be relevant to their integration experience (Carhart-Harris et al., 2018; Timmermann et al., 2022).

Psychedelics work on various levels including emotion, cognition, and perception and subsequently can cause challenges in these different areas requiring skills in supporting people through the challenges (Zhou et al., 2022). On the level of cognition and interpretation there are a few areas the research discusses that might need special attention. Some of these potential

concerns are magical thinking, delusional ideation, and hallucinogen persisting perception disorder (HPPD) which would need various amounts of care (Zhou et al., 2022). Clients might also need support with meaning-making of their experience as sometimes the interpretation of their experiences or truths might not be supportive and are encouraged to hold the content from experiential sessions lightly (Timmermann et al., 2022; Watts et al., 2017; Zhou et al., 2022). It has also been reported in research that psychedelics can bring up memories, often relating to past trauma, which could be retraumatizing and can be incredibly delicate to support through integration, especially due to the history of false memory syndrome within the context of psychology (Gorman et al., 2021; Timmermann et al., 2022). Practitioners are encouraged to collaborate with the clients to focus on what is "helpful" versus trying to determine what is or is not "truth" (Timmermann et al., 2022).

Another concern in the literature was on varied client experiences, under the influence of psychedelics, that can present challenges for integration. In Interviewing integration providers, Earleywine et al., (2022) mentioned potential challenges for the clients and challenges for the practitioners. The challenge they listed are participants who have little to no effect from the psychedelic experiences and those who experience resistance in the integration period (Earleywine et al., 2022). They mention that these circumstances can be very challenging to work and support clients in and skills and trainings to support this could be beneficial for those providing these services (Earleywine et al., 2022). They encourage further research to understand the suitability of this work for different clients and presentations to better understand who is ill fitted for this work. Finally, their research encourages the need for self-care of practitioners offering these services as they can be incredibly intensive (Earleywine et al., 2022).

Another challenge in the field is trained professionals with experience. One research groups highlight the fact that many providers of these services might not have experienced psychedelic therapy themselves and are encouraging those providing these services to have their own therapy with psychedelic, when possible, to have an orientation to what their clients might go through and having that experiential knowledge internally (Timmermann et al., 2022). This can be potentially difficult due to legal accessibility (Timmermann et al., 2022).

Spiritual and Mystical Experiences. Finally, it is important to name that spiritual, mystical, or existential themes are an area to be addressed within integration as they are reported to be an important and meaningful part of working with psychedelics. While some of the previous theories on how psychedelics work has been explored, this section will examine mystical experiences which can be seen as another element of the theory of change and a need for proficiency and comfort for providers offering these services (Phelps, 2017). It should be noted again that any particular outcome, experience, or desire for a psychedelic experience cannot be predicted, and experiences can vary widely (Podrebarac et al., 2021). However, mystical, and spiritual experiences can be common occurrences and can have been shown to correlate to longer-term therapeutic impacts and symptom reduction (Ko et al., 2022; Lafrance et al., 2021). Mystical experiences can be described as a psychological phenomenon that can include experiences or aspects of experience of oneness, universal interconnection, ego dissolution, acceptance, truth, and positive emotions (Barrett et al., 2015; Griffiths et al., 2018; Ko et al., 2022; Lafrance et al., 2021; Yaden et al., 2021). Regardless of what language is used to describe things that can be difficult to put language to (Watts & Luoma, 2020, mystical experiences have deep and personal meaning for the client and can impact emotions, cognition, and behaviour (Johnson et al., 2019). It should be noted that many of these spiritual experiences

can exist for the client outside of pre-existing religious frameworks (Podrebarac et al., 2021). Mystical experiences have been discussed as quantum change experiences which have two subgroups: the mystical experiences and the insight experiences (Johnson et al., 2019). The insight experiences can be described as a personal revelation about oneself or life circumstance that can lead to changes in behaviour or understanding (Johnson et al., 2019).

Furthermore, participants reported in clinical trials that utilized high dose psilocybin induced experiences, that these created one of the most meaningful experiences in the participants lives and often that spiritual or mystical experiences were a part that provided this meaningful impact (Griffiths et al., 2018; Podrebarac et al., 2021). It also reflects the needs of different groups or conditions that are considering working with psychedelics which could support the idea of certain psychedelics being a fit for certain conditions or client presentations. One example of this is spirituality is one of the common domains that people in end-of-life care, are seeking meaning and support with (Byock, 2018; Yaden et al., 2021). Psilocybin used in this context has been reported to support with the dying's questions of spirituality through these mystical experiences, which can support with end-of-life psychospiritual ailments (Yaden et al., 2021).

To conclude this section on integration practitioners offering integration services will need to meet a variety of possible needs that arise from these experiences which sometimes could need more acute or immediate care, emotional dysregulation, unhelpful meaning making or exploring possible links of content to everyday life. There is no one proposed therapy that it proposed for integration, or this work more generally, as previously mentioned in the preparation section of this paper. While some therapies have been listed above for integration as potentially supportive approaches for integration it appears as though one certain model has not been

deemed the gold standard. There are themes that could be addressed by working with various therapy models. These themes include inquiry-based processing, working with imagery, promoting acceptance, supporting helpful meaning-making, self-directed, turning towards experience, working with spiritual content and that have a body or somatic focus to promote a reduction of experiential avoidance (Danforth, 2009; Gorman et al., 2021; Mithoefer, 2016; Timmermann et al., 2022; Watts, 2021; Watts & Luoma, 2020;).

Chapter Three: Discussion, Recommendations, and Reflections

The purpose of this paper was to summarize the context of psychedelics and mental health at this moment in time and to review the literature on the theoretical and therapy considerations of harm reduction, assessment, preparation, and approaches to integration. The literature review did not cover the actual psychedelic-assisted therapy portions of the literature. This chapter will outline and summarize the key findings of the literature review and identify the gap the proposed training aims to fill. It will also outline and discuss the training developed in partnership with Numinus Wellness and conclude with final reflections.

Summary of the Literature

In summation of the section on historical and theoretical underpinnings of psychedelics, the literature states that there are many different contexts in which these substances are being used such as indigenous settings which include ceremonies and other cultural practices. This history is complex and has various implications for the field; but potential and continued colonial practices should be something of which practitioners should be mindful. Psychedelics integrated with psychology has had various waves that often overlapped and mirrored the dominant therapy style at the time; however, most clinical research has been conducted over the last five years (Kurtz et al., 2022). There are various theories of understanding how psychedelics work including some of the main theories: the first being model psychosis, filtration theory, entropic brain theory, integrated information theory, predictive processing, and the REBUS model. The more recent understandings of how psychedelics work are based on neuroscience research. The common themes are that psychedelics interrupt our normal ways of processing information and increase access to areas otherwise difficult to access (Carhart-Harris et al., 2014; Carhart-Harris, 2018; Swanson, 2018). This interruption of our normal patterns, or the default mode network,

can impact our beliefs about ourselves and the world, neuroplasticity, and ways in which we process information allowing for more bottom-up processing access to sensations and emotions (Carhart-Harris & Friston, 2019; Zeifman et al., 2022). Common outcomes can also promote openness, acceptance, cognitive flexibility, and the development of the capacity to go towards experiences versus trying to resist them (Walsh & Thiessen, 2018; Wolff et al., 2020). Finally, they can also work on many different levels of the human experience: emotional, cognitive, perceptual/visual, somatic, consciousness, and spiritual experiences (Bayne & Carter, 2018; Gallimore, 2015; Phelps, 2017; Swanson, 2018). Essentially the nature of these medicines is one that often expands awareness in different areas of human experience and can highlight these different components for the client.

Harm Reduction, which was another focus of the literature review, seeks to mitigate risk and enhance therapeutic benefits within a psychedelic context. For health care professionals applied in this context, it aims to help them understand the legal and ethical implications and to make informed choices about professional risk (Gorman et al., 2021; Hawk et al., 2017; Pilecki, et al., 2021). It is also about acting from and considering the underlying philosophy of harm reduction which are humanism, pragmatism, individualism, autonomy, incrementalism, and accountability without termination (Hawk et al., 2017). This approach can translate into this work as respecting choice, autonomy, and encouraging informed choices of areas to consider for clients who are curious or already working with psychedelic substances. It can also include practitioners knowing the risks for clients, understanding the range of impact of these substance on clients, and educating on informed choices.

In summation on the literature of areas to consider about assessment, the literature is limited, and this is an area that could be developed further as this field continues to grow.

However, with the limited research, there are trends. While the risk seems to be low for most individuals working with psychedelics, there are certain contraindications and areas of risk that health professionals supporting clients in this area should be aware of. The main considerations are the intentions for doing psychedelics, the potential for psychological distress, and the potential for destabilization, however physiological concerns, medications, or certain health conditions can also be areas of concern (Anderson et al., 2020; Bender & Hellerstein, 2022; Johnson et al., 2017; Timmermann et al., 2022. Specific screening or considerations could also be dependent on multiple variables, the population group, the medicine they are working with, dosage, and setting (Byock, 2018). Professionals are encouraged to have basic information about these areas and the impacts of the substances and equally so to refer or get medical advice from other professionals when outside their scope of practice (Phelps, 2017; Sarparast et al., 2022; Swanson, 2018).

In the literature, it was also highlighted that preparation is another important aspect of supporting clients who are wanting to work with psychedelics. The common areas covered in preparation are establishing the therapeutic alliance, intention setting and expectation management, orientation to altered states of consciousness and the assisted session logistics, resourcing, supportive attitudes, and ways of navigating their experiences (Carhart-Harris, 2018; Danforth, 2009; Mithoefer, 2016; Timmermann et al., 2022; Watts, 2021). It is also encouraged through psychoeducation and different experiential practices to encourage the client, when possible, to start to turn towards their direct experience to promote working with and acceptance of what is happening that can be supportive in navigating the experiential medicine sessions (Mithoefer, 2016; Watts, 2021).

The research on integration is probably the most developed of the stages of psychedelic therapy. However, it still is inconclusive. Integration can look so radically different for clients and can bring up such a wide range of needs that health professionals wanting to support in this area might need a variety of approaches and considerations to meet their clients where they are. One main consideration that has arisen from the literature is that integration and psychedelic therapy are expanding the Western medical model that focuses on more cognitive therapy styles or diagnostic approaches to care and asks for a more holistic or whole person approach (Bathje et al., 2022). This holistic model has often been integrated into an indigenous worldview on health and healing (Bathje et al., 2022). The implications for health professionals are that this field is asking for competency and flexibility in navigating emotion, cognitive, spiritual, somatic content, relational, and environmental content. There are many challenges, as previously mentioned in Chapter Two, that can come with integration and equally so opportunities for therapeutic potential.

To conclude the summary of the literature, this is an evolving field and especially the therapeutic approaches to accompany this work. While the literature is still growing, because of the complexities of doing clinical research trials with mostly illegal substances, includes many variables, and there are many key considerations and themes from the literature although no one unified approach. The next section will discuss recommendations and specifically, a training put forth by this paper.

Recommendations

The final output of this paper will be a training design that was designed in partnership with Numinus Wellness. Based on the findings in the literature, there is no one therapy approach to do this work. This is both an ancient and an emerging field. The gap that is being addressed

with this paper is to look at the key considerations for practitioners who are wanting to do this work at an introductory level. PHRI services are in greater demand and are needing more professionals to be trained to respond to this need. Preparation for and integration of psychedelic experiences are becoming an integral part of the therapeutic process and are believed to be correlated to better treatment outcomes for the client (Curtis et al., 2020; Phelps, 2017; Schenberg, 2018). For professionals to adequately support with preparation and integration some knowledge of assessment, suitability, and harm reduction considerations are deemed essential to keep clients and professionals safe and/or mitigate risk (Gorman et al., 2021; Phelps, 2017). The training proposed here will outline the common themes from the literature and draw on professional experience and learning from providing services in this field for ten years. It will highlight key considerations for harm reduction, assessment, preparation, and integration. It will also suggest and get learners to reflect on their current skills and any gaps or areas where they need more training or psychoeducation.

Outline of the Training

The training aims to introduce a harm reduction approach to psychedelics therapy, highlight important assessment considerations including set and setting, key considerations and elements of preparation, and provide a framework for approaching integration centered on core integration needs. The training structure will be a two-day workshop, each session being 3.5 hours. See Appendix A for the agenda of the session.

Training Approach. As previously mentioned in chapter one, the training will utilize different teaching approaches aligned with a pragmatic worldview to provide an applied learning training for health professionals. Throughout the actual training, different teaching approaches will be used including some didactic material, experiential exercises, and problem-based learning

focused on case examples. There will be several materials available for learners to provide an overview of the topics in a training package. For a copy of these materials, see Appendix B. There will also be asynchronous videos posted on an online platform on the topics of historical context and set and setting overview. Throughout the synchronous sessions, learners will have to apply the key considerations of harm reduction assessment, preparation, and integration to real-world case examples. They will also follow some of Kolb's experiential learning components which highlight that experiential learning happens through the process of reflection and abstract conceptualization. Kolb's four phases of experiential learning are: concrete experience, abstract conceptualization, reflective observation, and active experimentation; however, it should be mentioned that learning is not always a linear process (Kolb, 2018). What makes the learning experiential is the reflection on and critical thinking about the experience (Kolb, 2018). Throughout the training, learners will be asked to do things like setting intentions for their training, which mirrors the process of PAT or using meditative practices and be asked to conceptualize how this could relate to PAT. One example is supporting learners to generate a personal resource which was one key element identified in the preparation stage of PAT. Experiential learning will also be applied in the training for learners to think through case examples and then to personally reflect on how this might apply to their own professional practice.

Another main teaching tool will be cased based learning. This is meant to take the didactic or main teaching points and have learners apply them to case examples. One example is thinking about a higher risk case in the context of assessment to reflect on potential contraindications, harm reduction applications about risk for the client and professional risk. This can provide an opportunity to think through ethical dilemmas and have learners assess their

personal comfort of risk, ascertain what other information they might want to know if this was their client, and/or if they would want to seek consultation from other professionals.

Finally in the integration session, a framework was created for this training and is proposed to address the variety of potential outcomes that can arise in the integration process. This was derived from the literature, and it also draws from experience and observation in providing PHRI services. Experience is often an underutilized source of information, and experience is also one of the elements driving this field. The framework provided identifies seven main integration needs that professionals can look for and ascertain their competency in supporting and meeting their clients with these needs. The needs identified are as follows: regulation, normalizing, metabolizing, meaning making, keeping it alive, committed actions, connection to others and the natural world, and spiritual needs.

Regulation. The need of regulation speaks to the themes in the literature of potential destabilization or psychological distress that can be a result of this work. Out of all the needs, this is prioritized because not much further processing or therapeutic work can ensure without a baseline of regulation. Some understanding of nervous system regulation, containment, and strategies for down and upregulating are essential for this work.

Normalizing. The integration need, normalizing, speaks to the need for professionals to understand the range of the physical and psychological effects of psychedelics on clients which is one of Phelp's (2017) competency areas. It also speaks for professionals to assess when more acute support is needed or when a client is outside the range of normal (e.g., prolonged impact or manic episode). It can also speak to the client's need for reassurance and orientation to working with altered states of consciousness.

Metabolizing. The need, metabolizing, is related to the somatic or body-focused element that was present in the literature (Bathje et al., 2022). That this work often necessitates going beyond cognitive processing, and metabolizing speaks to allowing the content from experiences or what arises after to be digested on the levels of sensations and emotions.

Meaning Making. The need of meaning making, highlights the idea of bridging content from an experience into everyday life (Earleywine et al., 2022), exploring personal insights that often arise in these experiences (Johnson et al., 2019), and supporting helpful meaning-making for the client (Timmermann et al., 2022). It can also provide an opportunity to open to other potential meanings or elaborate on the client's initial interpretation of an experience.

Keeping it Alive. The need, keeping it alive, focuses on the practices suggested in the literature to build ongoing connection and exploration of the experience (Mithoefer, 2016; Pilecki et al., 2021). It also supports active engagement with the experience and can support behaviours that align and feed connection and desired change.

Committed Actions. The committed actions need builds off of keeping it alive and supports clients to articulate any emergent values and behaviours that are aligned with them or alternatively behaviours that are not.

Connection. The need, connection to others and the natural world, is about the impact of this work on relationships and often increased interest in a relationship with the natural world (Bathje et al., 2022).

Spiritual Needs. The spiritual needs are related to the mystical or existential themes that can arise for clients who participate in this work and often are linked with a sense of deeper meaning and connection (Bathje et al., 2022; Griffiths et al., 2018; Podrebarac et al., 2021). This need asks for professionals to examine their biases and to support helpful exploration of spirituality or

existential questions with clients in a cultural context that often supports disconnection from these concepts.

This framework is elaborated on in Appendix B. This framework is intentionally not attached to one therapeutic approach to provide a way for professionals to apply the experience and trainings they already have and to assess some areas where they might want to gain further competency.

Final Reflections

While psychedelics are certainly getting increased attention in media and are increasing in popularity, clinical trials, and exploration, it is probably important to keep in mind that, like any interventions, these can be tools and not a quick fix as they might be portrayed as the next psychological treatment fad. One concern raised in the literature was the attention needed around language and the way in which language is used to discuss this treatment to steer away from language like "cure" because this could be a misrepresentation of study results (Morgan, 2020). For many suffering clients, symptom reduction can be an incredible gain; and it is important to name that people might still need ongoing treatment and support that should also be an important part of the dialogue. As previously mentioned, these medicines often go beyond diagnosis, and often highlight a transdiagnostic approach to working with illness or suffering. This transdiagnostic approach also extends often to clients' insights. People working with these medicines often make connections to themselves, their bodies, what is important, or draw connections between multiple inputs on their lives and their impact. It begs a philosophical argument around what is healing, how do we support it or ideally help to create conditions for the person to discover this for themselves? No one path is going to be the same. The MAPS trials opted for taking the stance of supporting the client's inner healing intelligence; and this becomes

an orientation to the treatment (Mithoefer, 2016). It again questions the role of health professionals to promote centering the client and their experience and innate wisdom while trying to balance this with discernment, knowledge, skills, and lived experience of the professional. As a professional, caring for a whole person and their relationship to the world can be complex, messy, and certainly hard to measure process. However, these medicines often really bring this complexity and one's relationship to self and world into the equation or the therapy room. This holistic approach is often found in many ancient traditions and indigenous practices.

Additionally, accessibility will also be another concern about access to these medicines. Clinical trials have been critiqued for mostly serving Caucasian participants and generally lacking diversity for both participants and therapists (Feduccia et al., 2018; Michaels et al., 2018). With some of the resource intensive models this could create a class divide or really limit who is able to afford these services.

Finally, in years of providing these services for clients and working with psychedelics in various contexts, I have seen how supportive and helpful they can be. I have also seen many untrained practitioners offering questionable services and causing harm to their clients that could have been avoided through proper assessment or dosage for example. I have also seen people who have had relatively no contraindications have psychotic breaks or been functionally impaired for a period post-experience. This field can be messy and unpredictable although there are certain steps that can support doing less harm. Care, training, informed consent, and humility are all incredibly helpful qualities that support this path.

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Tables

Table 1

Exclusion Criteria Summary for MDMA for PTSD

MDMA for PTSD	**Psilocybin for treatment resistant depression**
Mithoefer, et al. (2019)	Carhart-Harris et al. (2016)
Participants were excluded from studies if they met the following criteria in the past or present. **Psychological:** • psychotic disorder or • bipolar disorder 1 • borderline personality disorder • eating disorder with active purging	Participants were excluded from studies if they met the following criteria in the past or present. **Psychological:** • psychotic disorder • immediate family member with a diagnosed psychotic disorder • history of serious suicide attempts (requiring hospitalisation) • history of mania
Medical conditions: • pregnancy or lactation • weight under 48 kg • cardiovascular or cerebrovascular disease (except in one study)	**Medical conditions:** • blood or needle phobia • positive pregnancy test at screening or during the study • current drug or alcohol dependence

Appendix A

Agenda of PHRI Program

Session 1 Agenda

Time (PT)	Time (ET)	Program	Details
9:00 (10 mins)	12:00 (10 mins)	Welcome and opening	
9:10 (10 mins)	12:10 (10 mins)	Context setting	Review learning outcomes and experiential learning
9:20 (30 mins)	12:20 (30 mins)	Check-in and intros	Arrival practice – breath and OA Intention setting
9:50 (20 mins)	12:50 (20 mins)	PHRI and harm reduction overview	What is harm reduction? What is harm reduction therapy?
10:10 (15 mins)	1:10 (15 mins)	BREAK	
10:25 (80 mins)	1:25 (80 mins)	Assessment	Set the context for assessment Underground work – assessment/treatment is not regulated
11:45 (40 mins)	2:45 (40 mins)	Preparation	What is preparation as it applies to PAT and what does

			it mean in the context of harm reduction?
12:25 (5 mins)	3:25 (5 mins)	Closing Practice	

Session 2 Agenda

Time (PT)	Time (ET)	Program	Details
9:00 (10 mins)	12:00 (10 mins)	Welcome and opening	
9:10 (30 mins)	12:10 (30 mins)	Preparation and intention setting	Nadia case review Demo
9:40 (25 mins)	12:20 (25 mins)	Resourcing	Small group exercises
10:05 (20 mins)	1:05 (20 mins)	Integration	What is it and how do we do it?
10:25 (25 mins)	1:25 (25 mins)	Practice and inquiry	Skills practice
10:50 (15 mins)	1:50 (15 mins)	BREAK	
11:10 (35 mins)	2:10 (35 mins)	Case review	Peru case – Lucy and ayahuasca

11:40 (40 mins)	2:40 (40 mins)	Context setting and competencies	Reviewing Phelps (2017) key competencies
12:20 (5 mins)	3:20 (5 mins)	Ritual and closing	Short meditation – witnessing, honouring, relational impact
12:25 (5 mins)	3:25 (5 mins)	Closing Practice	Short practice to close/goodbye/evaluation

Appendix B

PHRI Handout Package

Psychedelic Harm Reduction and Integration (PHRI) Training Guide

DEANNA ROGERS

PATRICIA ROCKMAN

TABLE OF CONTENTS

- Introduction
- Assessment
- Preparation and harm reduction
- Intention setting
- Integration
- Somatic Mindful Inquiry
- Ethical and Legal Considerations

INTRODUCTION TO THE TRAINING GUIDE

This guide for psychedelic harm reduction and integration is intended to serve as a resource for your work as a PHRI practitioner. It is meant to provide guidance for novice PHRI practitioners seeking to support integration for clients who are considering or are already using psychedelic substances. Psychedelic Harm Reduction and Integration (PHRI) utilizes harm reduction psychotherapy (Tatarsky, 2007) and psychedelic-assisted therapy frameworks to assist clients in their psychedelic journey. This guide focuses on assessment, preparation, intention setting, integration, somatic mindful inquiry, and finally, on ethical and legal considerations. A primary focus of PHRI is on the integration of the psychedelic experience to support clients to process what has occurred, and incorporate the insights and learnings into everyday life (Gorman et al., 2021; Pilecki et al., 2021).

This document is the outcome of a review of the current literature on psychedelic-assisted therapy (PAT), our own continuing education, teaching, and experience as practitioners inside and outside the field of psychedelics. We recognize that PHRI and PAT are emerging fields in evolution. This guide is our attempt to reflect current best practices for PHRI and PAT informed by several approaches including but not limited to harm reduction, mindfulness-based and somatic therapies, and experiential learning.

ASSESSMENT

Introduction

Assessment in this context is first and foremost concerned with safety, risk, and harm reduction. As a regulated or unregulated practitioner, you may or may not be directly involved in assessment. However, from a harm reduction perspective, it is essential to address safety, and discern whether it is within your scope to be working with this client, and the degree of risk to the client taking these medicines. When doing an assessment, there are many factors to consider, including set (person's internal resources and life circumstances) which will vary according to the individual, as well as the medicine the client is either already working with, or planning to take. This includes dosing, the intensity of possible effects, potential adverse effects, the setting and context, and the client's current suitability for engaging in this process.

As a harm reduction practitioner, your role is to help ensure the client is as safe as possible and to minimize risks associated with non-clinical ingestion and procedures. It is not within your role to suggest, condone, or recommend illegal use of these substances. Please note that those who have a professional designation will be expected to engage in formal assessment and record keeping as per their clinical practice and governing body.

Guiding Questions

A central principle guiding assessment is to determine the degree to which the client has psychological flexibility and stability, tools for managing dysregulation, and a willingness to be with what arises internally and externally (environmentally and interpersonally).

You are trying to assess the following:

- Is it relatively safe for the client to do this work?
- Is the person stable and/or in remission from a mental health or other medical condition?
- Is the person ready and do they have the tools for psychedelic work?

- Do they understand the potential risks?
- Does the client have the resources (internal/external), and ability to manage triggers?
- Do they understand that their mental and emotional states and interactions with the environment may be significantly disrupted, requiring significant integration work?
- Do the client's psychosocial circumstances support this work? For example, do they have a support network, relatively stable employment, and/or housing?

Key Considerations for Assessment

Health Details and Planning

- Relative contraindications, including:
  - Past or present mental health and addictions conditions whether formally or self-diagnosed (including a history of multiple adverse childhood experiences, complex/chronic history of relational trauma)
    - Current and/or past treatments for the above
    - How the client manages these
  - Medications & supplements (identifying interactions with the substance)
  - Potential medical contraindications
- Social supports
- Managing client expectations
  - Identify realistic, yet hopeful expectations - i.e., the client does not anticipate a long-standing chronic condition to disappear in one or two sessions, if at all
- Informed consent
  - Part of planning the psychedelic journey includes ensuring that the client is fully informed regarding the process and potential adverse effects and is aware that these may be part of the process

Set - the client's internal environment and state

- Current circumstances influencing wellbeing - environment, social, financial, work, physical and mental health etc.
- Internal resources - capacity and ability to manage, turn toward and regulate challenging mind and mood states
- Intentions and/or goals for the process
- Coachability and willingness - to be actively engaged, accountable and take responsibility for their therapeutic work. Understanding this is an active and engaged process is essential.
- Timing - Does the client have the availability and support to manage dysregulated states and for their life to be potentially disrupted? The Perceived Stress Scale may be a helpful tool to explore their threshold for increased stress.
- Experiential avoidance (desperation) - Commonly the client's unconscious or undisclosed intention is that they want the suffering to be eliminated and don't understand that these medicines can be catalytic but are neither a panacea nor a quick fix. They do not realize that paradoxically wanting to get rid of a state may make it worse.

Setting - the physical environment and container for the psychedelic experience

- Facilitator: Level of experience and personal fit for the client
- Space: Group versus one to one - what setting would be optimal for the client?
- Length of time: retreat (multiple experiences) versus one-day session
- Safety assessment - what medicine might work well for their presenting concerns and intentions (e.g. MDMA versus Ayahuasca for PTSD)

Potential Contraindications and Considerations

This is a complex process, given the regulated and unregulated practitioners working in the field, and the populations undergoing altered states. Note that clients will often either not report nor have a formal diagnosis of a mental disorder, or if they do, it may not be accurate, or they may deny its validity.

It is also important to recognize that there are those for whom it may never be suitable to work with these medicines due to psychiatric and medical conditions that would put them at risk. It is essential to have a medical professional with whom you or your client can consult. Contraindications can vary and depend upon individual factors (mental/physical health), their social circumstances the medicine, set, and setting. Here we have listed several ways of thinking about who may be at the most risk. Note that ingesting any psychoactive substance will have some degree of risk, and it is essential that the client is informed of this.

The following key categories accrue to risk, falling within the area of mental health and addictions (Silveira & Rockman, 2021). Formal and structured assessments are more likely to yield useful information and help the clinician or practitioner avoid missing areas of risk. The following domains are areas to consider inquiring about and are meant to assist in determining suitability for PHRI or the psychedelic journey. If a client reports any of these symptoms, functional impairments, conditions, or risks this should trigger a deeper evaluation. If any of the items are a concern, they should be considered a potential contraindication, and if you are a regulated professional ensure that you document that you asked about these domains.

Domains for Assessing Contraindications and Risk			
Symptoms: May lead to risk to self/other, intentionally, or unintentionally	Functional Impairments: Decreased function may enhance risk	Conditions: Consider acuity and history	Material Risks: Concrete potential repercussions
- Homicidal thoughts - Suicidal thoughts - acute/chronic - Disordered thinking - Uncontrolled Anger/Violence	- Personal Care (Basic and Instrumental ADLs) - Dependents - Licenses - Relationships	- Affective/Mood Disorders - (e.g., Bipolar Disorder) - Psychotic Disorders (e.g., Schizophrenia, Schizoaffective)	- Child safety - Other dependents - Motor vehicles - Suicide attempt or completion

- Hopelessness - Delusions - Grandiosity - Command hallucinations - Other Hallucinations - Attention Deficits - Memory deficits - Judgment Impaired - Insight Impaired - Active Alcohol use/dependence* - Active Substance use/dependence - Impulsivity	- Work - Education - Housing - Finances	- Personality Disorders (e.g., Borderline Personality Disorder) - Anxiety Disorders (e.g., PTSD, Panic Disorder) - Active Substance Use Disorders - Active Eating Disorders (e.g., Anorexia Nervosa) - Certain medical conditions (e.g., hypertension, cardiac disease, epilepsy)	- Homicide attempt or completion - Suicide + homicide - Injury - Decreased self-care` - Victimization and elicited - harm from others - Work - Financial - Housing - Firearm use

*Alcohol is separated from other substances because it is so ubiquitous and often missed in assessment

Please note that the following are considered absolute contraindications for MDMA for PTSD (Mitchell et al., 2021). There are absolute contraindications associated with other compounds and it is beyond the scope of this document to address these. Please refer to the literature for further information.

- Primary psychotic disorder
- Bipolar I disorder
- Dissociative identity disorder
- Eating disorders with active purging
- Major depressive disorder with psychotic features
- Personality disorders
- Current alcohol and substance use disorders

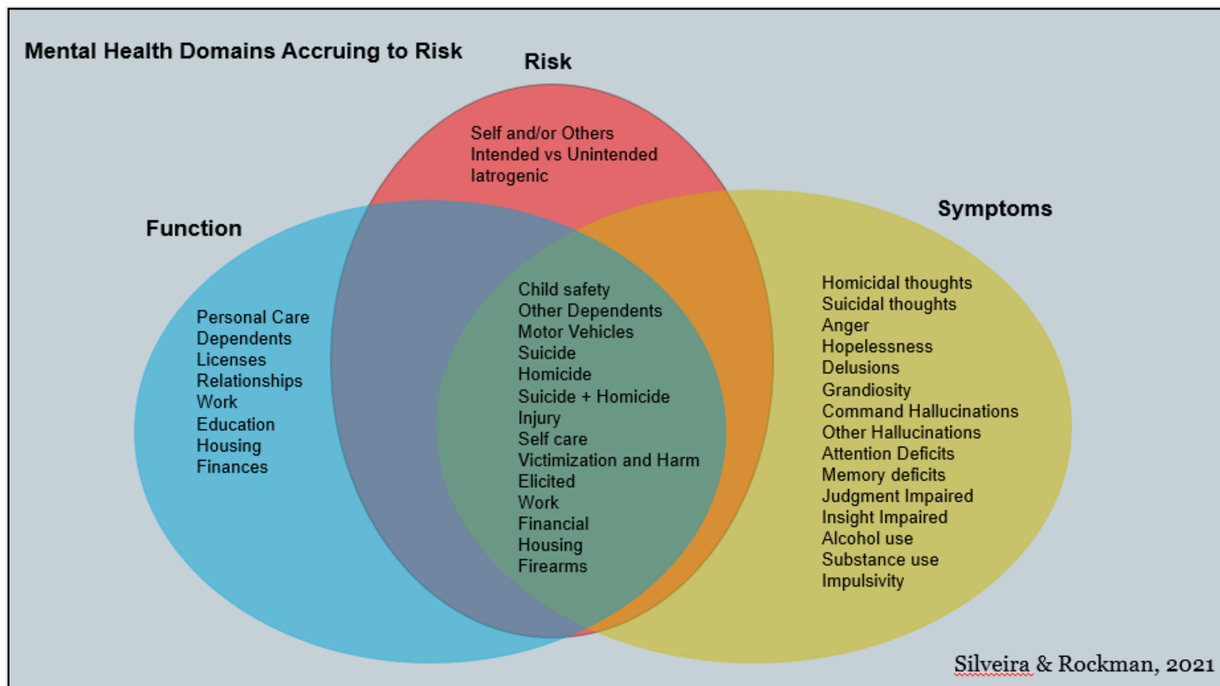
Protective factors for increasing suitability:

- A support network - family, friends, therapist etc.
- Meaningful work or volunteer activities
- Accessible internal resources
- Tools, practices, and frameworks that facilitate turning toward, staying with or exposure to what is occurring versus engaging in avoidance
- Previous experience with psychotherapy or other personal work
- Openness to collaboration with and feedback from the practitioner
- Subjective experience of readiness and enough stability

When a client's current personal condition or life circumstances makes this an inappropriate time to engage with psychedelics, the following may support them:

- Therapy - increasing skills (insight, mindfulness, somatic awareness, cognitive/emotional awareness, behavioural) and increasing window of tolerance
- Increasing their support network
- Developing some practices and tools for self-regulation or managing triggers
- Breathwork as an alternative to psychedelics

The following diagram may be used as a desktop tool or checklist by the practitioner when engaged in assessment of risk to potential PHRI clients (intended or unintended; to themselves and/or others).



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PREPARATION AND HARM REDUCTION FOR ALTERED STATES

Introduction

A significant aspect of the preparation phase, prior to the ingestion of the psychedelic compound is to create a harm reduction and preparation plan. This is to protect both the client and the practitioner offering PHRI services. Note that the practitioner should be aware of potential legal and ethical issues and consider risks to themselves in delivering PHRI (Jade, 2018).

A harm reduction approach generally refers to a shift in perspective away from substance misuse as criminal, immoral or a disease. Rather such use is seen as a complex process consisting of multiple variables including psychosocial and biological elements. As developed by Tatarsky (2002), psychotherapy and treatment of the substance use includes harm reduction principles and individualized treatment, consisting of psychotherapeutic modalities derived from a variety of sources.

According to Tatarsky there are seven tasks for the practitioner to embrace who is engaged in Integrated Harm Reduction Psychotherapy:

- Developing the therapeutic alliance
- Develop the client/practitioner relationship as an agent of healing
- Enhancing client self-regulation and self-management
- Assessment as part of the treatment
- Helping the client to accept ambivalence about the process or wanting change
- Engaging the client in harm reduction goal setting
- Individualizing a client plan for positive change

While PHRI is not, in the context of psychedelic assisted therapy, being applied to substance misuse, Tatarsky's approach is applicable. Integral to PHRI is the fostering of client self-efficacy, amplifying

collaboration with the practitioner, and concretizing the plans for the psychedelic journey during preparation. This can be supported by encouraging the client to use a journal throughout the psychedelic assisted therapeutic process. Recording the preparation plans externalizes them, thus making them substantive. It also assists the client to keep these plans in mind, providing a way to make them personally accountable for their self-care prior to, during, and after the session. The practitioner may suggest the client keep a few important notes available to support them as needed.

Preparation Checklist

The needs or tasks of preparation include but are not limited to:

1. Identifying and reducing client risk

- ❑ Current stressors and coping strategies
- ❑ Review contraindications of the treatment-relative and/or absolute
- ❑ Review current medications and potential interactions
- ❑ Review any recent changes in diagnosed conditions
- ❑ Identify important agreements to put in place with the session practitioner/guide
    - Therapeutic Touch
    - Managing challenging states or behaviours
    - Limits of Confidentiality

- ❑ Medicine Session - source, dose, drug testing, potential adverse events and interactions
- ❑ Safety plan (especially if the client is doing the session alone)
    - Consider support person, emergency contact, check-in(s)
    - If the client is engaging in the session alone there will be other considerations beyond the scope of this document (e.g., safe physical space, support network, meeting basic needs)

2. Developing, reflecting on, and refining intentions (see Intentions Handout)

3. Identifying and managing expectations

- ❑ Welcoming all experience
- ❑ Difficult experiences can be turned toward and can support reframing “bad trips”
- ❑ Curiosity as an ally and antidote
- ❑ Reappraising any experience as useful

4. Cultivating Set and Setting - Identifying the client’s internal and external resources

- ❑ Preparing the set (body and mind)
  - o Dietary considerations, avoiding other substances and alcohol
  - o Establishing additional internal resources to assist with the session
  - o Change readiness (Prochaska’s stages of change) - Is the client in the action stage?
- ❑ Familiarity with the setting
  - o Maintain choice re the environment where possible
  - o Supports (external) - resources or rituals that may optimize the experience and enhance sense of safety
- ❑ Guide/Therapist
  - o Scope of practice
  - o Building rapport
  - o Collaboration with the client

5. Creating a support and self-care plan prior to, during, and after the session

- ❑ Identifying helpful resources
  - o Text based: Readings-articles, books, digital
  - o Art (music, visual art)
  - o Human (friends, family, therapist)

  - Rituals
- ❑ Support objects
  - Blanket, stuffed animal, meaningful item(s), water, food, music, journal, paper/markers etc.
- ❑ Support people
  - Present at the session
  - To engage following the session
- ❑ Support person (for people engaging in the session alone)
  - Enhance safety
  - Meet the needs of the client (can provide consensual, appropriate, supportive touch)
  - Manage the environment - reduce stimulation, play music
- ❑ Address triggers - coping and self-regulation skills
- ❑ Educate re Window of Tolerance - discuss strategies for regulation
- ❑ Anticipate and strategize management of distress before/during/after session
  - Planning for distress
  - Normalize difficult experiences and provide additional strategies as required
- ❑ Identify current tools and develop new tools to manage difficulty and expand window of tolerance
  - Written simple intention
  - Cognitive/emotional strategies
  - Mindfulness and somatic practices: pausing, turning toward body sensations, sense exercises (sight, touch, smell etc, use of water (ice, drinking water), naming emotions, thoughts as sensations; breathing exercises - conscious connected breathing, prolonged exhale; self-compassion practices - self-soothing, self-talk, hand on heart

6. Developing a plan for navigating the period following the session

- ❑ Who will support them? Where will they be? What will they do that will be supportive? How to optimize this period?

- ❑ Logistics
    - Getting home - support required
    - Cultivating an environment for optimizing learning and support
    - Ensure uninterrupted time, a safe space, a safe person, privacy as needed for slow re-entry
- ❑ Days following
    - Reflecting on the experience - meditation, movement, art, writing
    - Letting go of the Psychedelic Session - What is being taken from the session? What am I leaving behind?
    - Processing/sharing the experience with others (with discernment)

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INTENTION SETTING

Introduction

Intention setting is a means to help the client set a direction or aim for the psychedelic process, and has been correlated with peak experiences, well-being, and better outcomes (Carhart-Harris, 2018). It is considered an important part of the preparation phase, linked to concrete goal setting and the integration that follows the medicine session.

Intentions aim to:

- Encourage curiosity and reflection about the client's motivations
- Orient the client toward the applying of what will be learned in daily life
- Encourage the client to turn toward difficult states and challenges rather than engaging in experiential avoidance
- Serve as a frame of reference for deriving meaning from the psychedelic journey and integration sessions
- Provide a perspective from which to process the psychedelic session during integration
- Provide direction for the process that is consistent with the client's values and goals

The key principles (Watts & Luoma, 2020) include:

- Intentions are simple, clear, and focused
- Intention setting includes discovering, distilling, and refining the client's underlying beliefs, cognitive and emotional patterns, and identifying their relationship to the intention
- Intentions support a future-focused view
- Separate intentions from expectations
- Intentions can be a changing and ongoing exploration
- Intentions are often directly related to the client's suffering, need for change, and values

- The expression of intentions in the psychedelic session may arise differently than how the client imagined or expected
- Expectations need to be identified and managed
- Expectations may narrow or limit the client's view
- The gap between the desired outcome (expectation) and the actual outcome may result in psychological and emotional challenges for the client
- Expectations may be tied to limited outcomes

Intention setting, as part of the preparation process for psychedelic-assisted therapy, provides the opportunity to educate the client about the value of psychological flexibility, acceptance, and the importance of reducing experiential avoidance. The Numinus approach to psychedelic-assisted therapy, including PHRI, relies in part on principles and techniques derived from Acceptance and Commitment Therapy (ACT) (Watts et al., 2017; Watts & Luoma, 2020).

Intention setting can allow the client to begin to turn toward challenging mind and mood states as a means of contemplating what is wanted from the psychedelic journey, consistent with their values. This can also be reflected in how intentions are stated. This can initiate the process of developing a different relationship with the unwanted or the difficult, and beginning to promote de-centering or de-fusion (e.g., teach me how to heal and be with my pain rather than help me get rid of my suffering).

A small but growing evidence-base supports the overlap of stated outcomes of third-wave therapies and psychedelic-assisted therapy. These are those that promote openness, acceptance, cognitive and psychological flexibility, and the enhanced capacity to approach experiences versus trying to resist or avoid them (Walsh & Thiessen, 2018; Watts et al., 2017; Wolff et al., 2020). Note that intentions can change throughout preparation. They can be used to clarify what is important and act as a focus during the integration process. Organizing the intention setting around a specific framework can help clarify the intention and keep it more accessible during the psychedelic journey.

Intention Setting Frameworks

SHOW ME, HELP ME, TEACH ME

This is a framework to support clients to refine their intentions to keep it simple and focused. It encourages clients to pick either show me, help me or teach me and then a basic emotion (fear, anger, guilt, sadness, shame, joy), essential quality (peace, love, compassion, connection), or a key theme with which they feel they want support. This could be an area they feel stuck, blocked, or a potential resource. It was developed by Dr. Tanya Kammonen (formerly Dr. Tanya Maté). See the video for more information: https://www.youtube.com/watch?v=I0bpC6IbUwQ&ab_channel=MappingMedicin

THE MIRACLE QUESTION

The miracle question, developed by Steve de Shazer & Insoo Kim Berg, can support the client to make an intention and to imagine the possibilities of what would look, feel, and be different if the intended outcomes of the assisted therapy were achieved (Walter & Peller, 2013). The outcomes are stated in positive terms (Watts, 2021). The miracle question is particularly useful when intentions are vague, or the client feels stuck or hopeless as it allows for broadening perspective. The miracle question can be used as an exercise with the client and may be adapted for psychedelic-assisted therapy:

- If a miracle happened during your psychedelic journey, what would be different after it was over? How would you know?
- What are you longing for from this work? If it happened, what would be different in your day-to-day life? What would you be doing differently?

Inquiry for Setting Intentions

Setting intentions can take time and may require that the integration practitioner help to elicit these from the client. It is important that the practitioner does not impose their own agenda or make assumptions about what the client needs. Rather, the therapist leads by following the client's process, reinforcing, and amplifying those

aspects of the dialogue that lead in the direction of forming, making overt, and refining the client's intentions. Here is a set of inquiry questions to assist this process:

- What are you hoping for from the psychedelic journey?
- How will you know you received what you wanted?
- What will be different, if anything?
- What might get in the way of the experience?
- How might you meet any challenges that arise?
- What do you bring that could support you?
- How might you meet the unexpected?
- What would it be like to bring curiosity? How could you do that?
- What might it be like to open up to the unknown? To uncertainty?
- What might it be like if fear was not dominant?

THE ACE MODEL

The Accept, Connect, Embody (ACE) model is derived from Acceptance and Commitment Therapy and the work of Dr. Rosalind Watts. It consists of a guided visualization method she developed in support of intention setting. The process includes a guided exploration that invites the client into the practice of opening up and connecting with emotions and the felt sense (somatic) of experience (Watts & Luoma, 2020). It utilizes metaphors of natural settings (e.g., the ocean) to explore turning inward and identifying what emerges for the client to then bring into the assisted session. Watch the video here: https://www.youtube.com/watch?v=DpOFahXKe24&t=2794s

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INTEGRATION

Introduction

The etymology of the word "integrate" refers to the act of bringing together the parts of a whole. It is the period that follows the psychedelic experience in which the client is working to bring, whatever insights have arisen, or learning acquired into everyday life. This process can be viewed as bottom up, in which sensory, somatic, emotional, and other dimensions of present moment experience form the primary, although not exclusive, building blocks of a cognitive formulation. There will also be clients who have a preference to process cognitively and emotionally. PHRI may thus be seen as a means of bringing together potentially disparate or discrete experiences, and ways of thinking about them, (common for example in post-traumatic stress), processing them in part, through the body, and ultimately bringing them into a coherent, functional, or helpful narrative. While integration can be done by the individual independently, engaging with a practitioner or guide is encouraged. Integration is one of the key practices that distinguishes recreational and therapeutic uses of psychedelic compounds and correlates with longer-term outcomes (Curtis et al., 2020; Phelps, 2017; Schenberg, 2018).

It should be remembered that people come to this work for a variety of reasons, from myriad backgrounds, with differing needs and intentions, along a continuum of mental health and well-being

Some are suffering from serious mental disorders, post-traumatic stress, depression, seeking a spiritual experience or looking to enhance the meaning of their lives. Thus, the integration approach will be tailored to the needs of the individual client.

In one sentence, how would you define integration?

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Integration Logistics

Integration provides the opportunity for clients to explore ongoing or emergent emotional material, make meaning of altered states as needed, and reflect on how to make behavioral and life changes (Gorman et al., 2021; Mithoefer, 2016; Pilecki et al., 2021). In addition, the integration practitioner can mitigate potential adverse psychological effects resulting from the psychedelic journey through psychotherapy and by assessing the client's state post experience. Supporting clients' integration exposes practitioner s to significantly less risk relative to other aspects of a psychedelic journey because the client has already consumed the compound i.e., integration follows the psychedelic sessions. As a practitioner taking on this work, it's important to work through the following logistical considerations:

Goals

- Establish in the first session and shift with the changing needs of the client

Timing

- First session is recommended to be scheduled within the first two days of the experiential session (60 - 90 min)
- Subsequent sessions may occur over a range of weeks to months - trials tend to provide 2-3 sessions per assisted session (Mitchell et al., 2021; Watts, R. 2021)
- Some clients may remain in ongoing therapy
- Other clients seek integration services for a single session or multiple sessions, months to years following the psychedelic sessions

Contemplating Integration

Prior to the integration session, the client needs to consider, reflect on, and record:

- What was learned, if anything?
- What are the main themes that came up from the session?
- What do I notice that is different, if anything?

- What might be the value of the experience as applied to my intention and life going forward?
- How might I actualize my intentions and what was learned?
- Looking at my schedule, how can I allocate time to reflect and be in relationship with this experience?
- Are there any sensations in my body (pleasant or unpleasant) that feel new or different, or surface when I'm thinking about aspects of the session? How might this information be helpful?

Practitioner Approach to Supporting Integration

The integration practitioner is engaged in a client and relationship-centered approach that relies upon meeting the client where they are rather than where the practitioner believes they should be. Therefore, it is important that both the practitioner and client remain open through the unfolding of the process, in order to extract the deepest learning, understanding that integration is an emergent process. Process-oriented and/or experiential approaches to psychotherapy that focus on a present moment orientation are commonly utilized in this work because they are viewed as consistent with an inner-directed approach to psychedelic-assisted therapy. Insofar as integration is non-linear and exploratory, the client's original intentions for engaging in psychedelic experiences can serve as an important constraint and anchor in the process. We have a bias toward the use of these kinds of modalities but recognize that other psychotherapeutic models may be of equal benefit. Research in the field is extremely limited and it remains to be seen whether one therapeutic modality will be more effective than another for integrating psychedelic experiences.

Psychedelic experiences can disrupt clients' existing resources for coping. They may help to deconstruct or loosen tightly held views and disrupt habitual ways of being that can be perceived as dysregulating or exciting, depending on the person and their circumstances. Explanations for this process may be framed in terms of the entropic brain hypothesis (Carhart-Harris, 2018). Using psychotherapeutic techniques such as ACT, Cognitive Behavioural Therapy, Motivational Interviewing, Somatic Experiencing, and Mindful Inquiry, clients may be supported to reconstruct their relationship with themselves, others, and the world around them. The practitioner supports clients' opening, reconstructing, and embodying of the learning that arises

from the altered state. This may take the form of assisting clients in developing novel cognitive, emotional, or behavioural responses that are aligned with their newly formed values and intentions. This is consistent with the committed action dimension of ACT and other third wave psychotherapies (Walsh & Thiessen, 2018; Watts & Luoma, 2020; Wolff et al., 2020).

Attitudinal Foundations

While there is no empirical evidence that any therapeutic approach is essential for psychedelic integration, there is growing consensus that certain practitioner qualities can be supportive in this work (Phelps, 2017; Kabat-Zinn, 2013; Woods & Rockman, 2021). The list below is not exhaustive:

- Curiosity
- Compassion
- Gratitude
- Generosity
- Kindness
- Trusting emergence
- Patience
- Non-judgment
- Non-striving
- Opening up and staying open
- Acceptance
- Flexibility

What else would you add?

What qualities do you feel you already embody and have competence in with respect to your treatment delivery?

Integration Needs Framework

It is important that the integration practitioner remain observant to the changing needs of the client. Remember that this work is client centered, and as such, integration is in large measure directed by both what arises for the client and their intentions.

What follows is a framework developed through our applied integration, clinical work and the literature (Watts & Luoma, 2020; Wong, 2020; Woods et al., 2019). It has been derived from a variety of sources, intended to give practitioners and those working underground a structure for assessing the common client integration needs at any given stage of the integration process.

From a harm reduction perspective, the first priority is the integration needs for regulation, safety, and reducing risk. Psychedelic substances can be dysregulating, and they may require immediate medical and/or

psychological interventions beyond what one-to-one sessions can provide. In these cases, consultation for risk assessment, and sometimes referral for treatment is necessary. Some examples of situations that may require consultation or referral include extreme emotional dysregulation, impulsivity, self-harm, active suicidal or homicidal ideation, psychosis, mania or hypomania, unremitting panic, etc.

If a client is in a profoundly dysregulated state, the priority is to help the client to move into their window of tolerance and ensure they are not at risk to self or others, if this is possible (Ogden et al., 2006; Silveira & Rockman, 2021). Once stabilized other integration needs may be addressed. Note that integration is not linear. The practitioner and the client may be managing and working with multiple integration needs simultaneously.

Regulation

We can think of regulation as primarily associated with managing emotion and the nervous system. Down-regulation refers to reducing the intensity of activated states, while up-regulation may be necessary when more energy (nervous system arousal) is required. Regulating one's emotion is a skill that can be applied prior to a potentially dysregulating situation, or once emotional reactivity is already present. Several strategies can be used to manage dysregulation, and these include but are not limited to orienting mindful attention to the environment, to associated or pleasant/neutral bodily sensations, working with the breath, rhythmic or other movement, a willingness to have, or acceptance of what is present, re-directing one's attention, re-appraisal or changing the situation.

Normalizing

Normalizing speaks to the client's need to make sense of their experience. This can be an essential part of integration, particularly when they have no, or little frame of reference for what they experience during and following the session(s). Such experiences may include intense emotional states, extreme reactivity, insomnia, vivid dreams, changes in relationships, persistent changes in perception, and so on. One of the functions of the integration practitioner is to provide a frame of reference for what is arising for the client. This

involves normalizing the client experience, helping them to create coherence and integrate it into their sense of self and worldview. For many, psychedelics involve stepping into a new world and it is essential that there be some context setting for, and translation of, the experience as part of its integration. This is where psychoeducation for the client, practitioner experience, and knowledge of the substances and their range of effects can be essential.

Metabolizing

Metabolism is a chemical process reliant on enzymes and is either anabolic (synthesizing) or catabolic (breaking down), providing energy for cellular processes. How one works with difficult experiences can be viewed as a process of metabolizing, as the digestion of emotions, their physical correlates, and other sensations. We might argue the more effective this process is, the greater the client's wellbeing. As part of integration, metabolizing experience refers to how effectively one can identify, attend to, be curious, turn toward, stay with (often through somatic experience), and allow whatever arises to come and go. When unable to do that, this can be recognized and determine what needs to change, if anything, and how. Alternatively, one may be able to choose to be with things just as they are. This process is active and, at the same time, requires discernment around what is the most helpful response. Psychedelic experiences can be conceived of as metabolized when the client has established a different relationship with, or perspective about, what has arisen. If needed, they have processed challenges and/or have moved into meaning-making or recognition of how their new understanding may be applied to daily life.

Meaning making

Human beings are meaning-makers. This is how one makes sense of one's intrapersonal and interpersonal experience and life. It is also inextricably tied to the development of an enduring sense of self. Meaning making consists of interpretations, conclusions, ideas, narratives, appraisals, and reappraisals of events. It can help change unhelpful views or shift beliefs, values, and goals. Meaning making can also reinforce unhelpful views dependent upon the experiences and how these are interpreted. Loosening from our identification with our beliefs about ourselves, others, and the world regardless of whether they are seen as

positive or negative can enhance well-being. Psychedelics can provide a view of reality as a construct. Because psychedelics are disruptive and result in a period of neuroplasticity, they can allow for significant shifts in one's view of self and others, leading to enhanced psychological flexibility and healing. Deriving meaning from the psychedelic experience becomes a significant part of what is to be learned from the integration process. It also assists in optimizing the utility of the experience and is related to the client's intentions, values and future wellbeing. There are many ways in which we can extract meaning from an experience. These may include:

- Making associations with other relevant experiences
- Interpretations elicited from the client related to their intentions
- Unpacking psychedelic material as metaphors and exploring other possible interpretations
- Bringing mindful awareness to body sensations, tracking changes, and allowing space for meaning to arise directly from present moment felt experience (this can be helpful when clients are confused or have conflicting mental interpretations, with the body centered as a source of direct authentic experience)
- Eliciting the potential benefit of a difficult experience
- Re-appraising, re-framing, identifying alternative, more helpful perspectives
- Asking the client what the experience might mean about them or their situation
- Asking what the utility of this experience might be to staying well
- Exploring how the psychedelic experience and potential learning may be consistent with the client's values

Keeping it Alive

Following the psychedelic experience, clients often report that they want to continue to stay connected and engaged with what has often been a transformative experience. This includes an ongoing exploration of their meaning-making and content from the session, as well as continuing to work with one's reality as a construct. This can allow the experience to continue to expand, transform their lives and assist with

loosening from a rigid identification with the self. Some ways of continuing to process the experience and learn from it include:

- Developing new practices and rituals (yoga, meditation, time in nature, visualizing a resourcing moment from their experience when they wake up in the morning etc.)
- Carving out time for reflection (scheduling time)
- Exploring meaning making and its effects in their day to day lives (journaling)
- Creative expression: such as art, writing, and music
- Gratitude practices
- Identifying an object that represents what has been important, and using it as a touchstone
- Engaging with a friend through bi-weekly meetings or calls who has had similar experiences
- Continuing to engage in an exploration of the components of experience as events that come and go – sensations, thoughts, emotions, behaviours

Connection to Others

Working with psychedelics or other altered states may reveal an increased need for relationships, connection to the environment, and community. There are different elements to consider regarding connection. Listed below are some examples:

- Sharing the experience - encourage clients to share with others. They can contemplate who needs to know, who wants to know, who shouldn't know, and most importantly with whom they feel called to share.
- Relationships can change as a result of this work. Many people often feel a desire to end certain relationships, seek new relationships, or resolve something from the past with specific people. Supporting the client through this process can be an important part of integration. Such change can bring both gain and loss.
- Community - often people will want to seek out others who are exploring altered states. The therapist may provide resources or encourage the client to seek out groups.

- Environment - Connection is an important theme that commonly emerges from this work and especially connection to nature. Explore with the client ways they can engage with nature in an authentic and non-appropriating manner.

Committed Actions

Committed actions (derived from Acceptance and Commitment Therapy) are those that enable the client to behave in ways that are consistent with their values and intentions. Acting in ways that are consistent with our values can enhance motivation and allow us to engage in behaviours in the service of our mental health and wellbeing. Psychedelic sessions may reveal ways in which we are not acting consistently with our deepest values. Alternatively, they may help us to discover what these values are, and integration can be a time to explore how we may bring behavioural change into alignment with our values and intentions. This is a stage when concrete tasks may be developed collaboratively between the client and practitioner to optimize the client's desired outcomes. Developing such a behavioural plan is a way for the client to keep the work alive, continuing the learnings that have been gleaned from the psychedelic session(s) and the application of them to everyday life. Some of the ways of working with committed actions:

- Delineating important values to the client that have become salient from the sessions
- Establishing concrete goals/tasks derived from intentions and the assisted session (ensure they are manageable)
- Ensuring these tasks are consistent with stated, relevant values
- Determine behaviours that move the client away from their intentions/values
- Supporting the client to move towards behaviors that are consistent with their intentions/values
- Describing behaviours as concrete positive actions, rather than "not doing" old actions they wish to change
- Eliciting what is motivating for the client to increase the likelihood of intended behaviours occurring

Spiritual Needs

People undertake psychedelic use for a multitude of reasons. One of these may be identified as a need for meaning or connection. We can think of this as a spiritual need. In addition, given that the psychedelic experience is often so unusual, and commonly consists of an experience the person has never had, they may frame it in terms of a spiritual event or crisis. The word spiritual has different meanings for different people. It may be defined within a religious context, concerned with what one considers sacred. It may be tied to seeking a purpose or meaning in life that is greater than the mundane aspects of being human. It may relate to themes of life and death, and one's relationship to death. For others, it may be linked to the idea of awakening or liberation, freedom from suffering or being attached to worldly things. While we could address spiritual needs under meaning-making or values, we have chosen to make it a separate category given its specificity, complexity, and the frequency with which spiritual concerns and themes arise.

The integration practitioner needs to ensure that they are aware of their own biases, beliefs, or spiritual orientation and that they are able to be unbiased towards those that are different from their own. In addition, it is important that they do not impose their own beliefs or opinions onto the client. Given the increased suggestibility of people during and following psychedelic experiences, it is important to uphold their right to freedom of thought and religion.

Commonly clients can enter a peak or mystical state during the psychedelic session, that they then feel the need to integrate into everyday life. For some, this is extremely challenging if such an experience is discordant with their view of self and previous beliefs about spirituality. Integration then is aimed at how the client comes to terms with such a challenge and reconciles their previous beliefs with what has been perceived as profound, anomalous, and mysterious. The practitioner can conceive of this as consistent with working with any other belief or view. Should the client wish to put these new beliefs into practice part of the practitioner's work will be to support this process in cognitive, emotional, and practical ways.

When you think of the word spiritual, what comes to mind?

When a client raises spiritual concerns, it can be useful to elicit from them what this means to them.

Questions to consider are:

- When you think about the word spiritual what comes up for you?
- How would you define it?
- What would it look like if you were living a life that was more spiritual?
- How would you know?
- What would be different about how you might be living?
- What brings you closer to your spirituality? What distances you from it?

Reflective Questions

How does your own training(s) conceive of or address these integration needs?

What do you need to feel competent in supporting clients with integration?

What aspects of integration do you feel less comfortable with supporting clients? What training, if any, are you curious about taking that could increase your competency?

Therapies Commonly Applied to Integration

There are also a number of other therapeutic approaches that can be used as a frame of reference for integration, and these are the most common currently in use:

- Acceptance & Commitment Therapy
- Emotion-Focused Therapy
- Internal Family Systems
- Jungian Therapy
- Transpersonal Psychotherapy
- Mindfulness-based programs and Inquiry
- Motivational Enhancement Therapy/ Interviewing
- Somatic Therapies - Somatic Experiencing, Sensorimotor Psychotherapy, Hakomi etc.

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SOMATIC & MINDFUL INQUIRY

Introduction

PHRI has an orientation to the client that is consistent with the entire psychedelic assisted therapeutic process as conceived within the Numinus model and elsewhere. It is both client-centered and client-directed, while also remaining relationship-centered. The practitioner embodies the attitudinal foundations discussed in the integration section during inquiry process. Guiding by following the client's lead, they prioritize the quality of the therapeutic relationship, while simultaneously ensuring that key preparation and integration objectives are met. Inquiry is one way of enabling the integration practitioner to work with the client in this way. Two methods (that contain significant overlap) of engaging in this process and integrating the psychedelic experience are Somatic Inquiry and Mindful Inquiry. It should be noted that there is little evidence to support either of their use in this context. This reflects the general state of the field as best practices are in development.

Somatic Inquiry: SIBAM

SIBAM is a tool that is part of the Somatic Experiencing approach used to explore and process chronic stress and post-traumatic symptoms. It can also be applied to post-psychedelic integration processes.
Somatic Experiencing is a psychobiological model that utilizes the body as a place to direct attention (interoception; proprioception), and to work with implicit memory (memories held in the body, pleasant or unpleasant/traumatic); a bottom up rather than a top-down approach. SIBAM is a framework that we have expanded to address psychedelic content.

The acronym SIBAM refers to:

- S ensations
- I mages
- B ehaviours (movements, gestures, facial expressions)
- A ffect
- M eaning

SENSATIONS

- Direct sensations perceived from the body (interoception, proprioception, internal sensations).
  - Examples: tingling, tensions, warmth, spaciousness, clenching, heaviness etc.
- Sensation question examples:
  - Bringing to mind your journey, what sensations do you notice?
  - You said you experienced immense freedom, how do you notice that now in your body, if you do?
  - How do you experience that?
  - How do you notice that?
  - Where do you notice freedom?

IMAGES

- Images, colors, external senses (sight, smell, touch, taste).
    - Note: Psychedelic visions can be a very common occurrence and can be worked with through the integration period. Dream images or spontaneous images that arise in the session can also be useful material to process. Such visions or images may have important meaning to the client and may be directly associated with their intentions. Here, visions or images are viewed as internal sight, versus in other models where they may be viewed as thoughts.
- Somatic Experiencing also utilizes an external orientation to the environment as a tool to assist in client regulation.
- Image question examples:
    - Were there images that stand out from the experience? Can you describe them?
    - If you had to imagine that experience as a color or image, what color or image comes to mind?
    - You said you imagined yourself as part of a tree during the experience? If you bring this experience to mind, where are you now? What is happening with that tree? Are there any desires, urges or impulses that arise?

BEHAVIOURS

- Observable - verbal/nonverbal, voluntary/autonomic (processes), conscious/out of awareness.
    - Examples: Gestures, facial expressions and other movements
    - Note: There could be a behavior someone is hoping to change and the reason they are seeking therapeutic support. However, involuntary or small gestures may express themselves during the altered state experience, or in the integration session. By bringing this content into awareness it can also be processed. Behaviors can be utilized as a powerful

way to 'anchor' meanings, clarified values, or other positive experiences the client wishes to carry forward.

- Behaviour sample questions:
  - I noticed when you talk about this part of your ceremony, your body starts to rock back and forth. Is it okay if we do that together? What arises as you engage in this behaviour?
  - When you speak about wanting to make that change in your life, your hands keep coming up in front of you. What happens when you notice that?
  - Since the experience, what behaviors have you been doing that feel supportive? Any that feel unhelpful? If so, what?
  - Is there a movement or gesture that expresses this new commitment to (e.g., loving yourself)? What might that look like (mirror/do the gesture with the client as they create one, repeat several times, explore with other aspects of SIBAM)?

AFFECT

- Refers to emotions. Emotions can also present as sensations (physical correlates).
  - Note: Since emotions are associated with the limbic system, they may have both the emotional (named) and sensorial quality.
- Affect sample questions:
  - What (if any) particular emotions come up when you are talking about that?
  - Is it possible to allow that emotion to be there? What do you notice as you sit with it?
  - What words, colors, or sensations might be associated with the emotion?
  - When you look at that photo, what emotions do you notice, if any?

MEANING

- Thoughts and language (associations, ideas, opinions, interpretations, conclusions)
  - Example: verbal processing of information that arises directly out of the altered state of experience.

- Meaning sample questions:
  - You stated that you have nothing to be afraid of; what does that mean for you going forward?
  - Can you tell me more about how this experience impacted you?
  - What seems important to you about this?
  - When you are noticing that sensation, are there any words that arise? If yes, could you elaborate on them? If that sensation (e.g., heaviness in your abdomen, lump in your throat, etc.) could talk, what would it say?

SUMMARY

The intention of SIBAM is to invite people to become familiar with these five key domains through which they can process information and experiences. It should be noted that an experience may reveal itself through one or all the SIBAM avenues, and the role of the practitioner is to encourage the connecting of these different ways of processing information simultaneously. For example, you could ask, "when you have that thought, what do you notice in the body," thereby linking the meaning or cognition with the sensation or felt sense of the experience.

People may be more dominant in some areas and limited in others. Psychedelics may result in certain areas becoming more accessible than they otherwise would be. Therefore, it may be supportive to continue to work with clients using these newly accessible areas throughout the integration process. This can assist diverse ways of knowing and bring into awareness areas of perception that may have been restricted due to past experiences or trauma. It is common for people who participate in psychedelic experiences to feel a deeper sense of connection with their bodies and emotions.

For example, someone with anxiety and OCD could be primarily dominant in the domains of affect and behaviour and working with images or sensations could be supportive to increase their ways of moving through experience. We are trying to assist someone to potentially do something different while keeping them within their window of tolerance. Trauma reactions and other dysregulated states may be triggered, linked,

blended, or coupled with a specific way of processing information. Therefore, we can focus our attention on other areas to assist the client to bring other components of the system to online. Culturally, cognition or meaning making is often prioritized. This is an alternative processing method that may disrupt unhelpful patterns or reactions, leading to their resolution, and integration into the client's system.

Mindful Inquiry

Mindful Inquiry is another way to work with clients during integration and shares commonalities with SIBAM. It also contains some differences in terms of how it categorizes experiences and how we bring attention to them. Mindfulness brings deliberate attention to experience, either through the investigation or the witnessing of its components. Treating all phenomena as sensations serves to decrease immersion in experience and assists clients to develop the skill of de-centering. In addition, one may work deliberately with the physical correlates of emotion to process them in a different manner than primarily using cognition. Lastly, the body (including breath) and its sensations become a place from which to witness the unfolding and changing nature of experience thereby enhancing meta-cognition.

Formal meditation or mindful attention utilizes a process of having an experience, reflecting upon it, abstracting about it, and then integrating it through active experimentation or application of what has been learned into everyday life. This is assisted through inquiry - either self-directed or facilitated by another. Attending in this way decreases the tendency to ruminate, providing the possibility of new ways of thinking about and working with challenging mind and mood states. It also allows for the opportunity to savour the positive.

Components of Experience

In this model thoughts, emotions, body sensations/senses, and behaviours (actions, urges and impulses to act) are viewed as the components of experience to be inquired into through noticing, tracking, abstractly

conceptualizing about them, and then applying insights to daily life. This is distinct from narrating and analyzing experience.

BODY

- Source of information - past and present; internal and external sensations (touch, taste, sound, hearing, smell, thoughts)
- Sample Inquiry Questions:
  - What did you notice? What showed up in the body?
  - What happened when you brought attention to these sensations?
  - Can you describe the sensations?
  - How did you work with these, if you did? And then what happened?

EMOTIONS

- Identified as single words (happy, sad, disgust, fear, joy etc.) and their physical correlates
- Sample Inquiry Questions/Statements
  - It sounds like there was emotion present.
  - So, there was [name the emotion, in response to a nonverbal gesture, emotional tone etc.]
  - How did you know that emotion was present? How did you meet that?
  - How did it show up in the body if there were associated sensations?

THOUGHTS

- Appear as words, sentences, or images
- Sample Inquiry Questions/Statements:
  - So, there were a lot of [associations, memories, thoughts]
  - When did these show up?
  - What happened when you became aware of these? And then?
  - It sounds like you were able to step back from these and observe them (if they did).

BEHAVIOUR

- Actions, urges, impulses to act
- Sample Inquiry Questions/Statements
    - When you noticed that challenge, then what happened? How did you meet that?
    - What did you choose to do, if anything?
    - So, there was an [urge, behaviour].

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ETHICAL AND LEGAL CONSIDERATIONS

Introduction

There are several factors to consider when offering preparation and integration services for altered states. It is important that these services align with the guidelines and policies of your governing professional body, and address other medical legal issues, if pertinent. Note that this work is a gray area for many professionals, and recognizing your degree of comfort, scope of practice, competence and relevant boundaries is crucial prior to engaging in this work.

Practitioner Considerations

These are some of the legal and ethical variables to consider:

- Know your scope of practice defined by your governing body (if you have one) and by relevant training in providing PHRI.
- Examine and reflect on personal biases towards the use of psychedelics, noting any preferences, judgments, or aversions to this work.
- Ensure that the treatment you provide, and your charting, meet the standard of practice as defined by your profession.
- Ensure informed consent and the understanding that you, as a licensed professional, are not condoning, providing, or advising the use of illicit substances.
- Know that preparation for altered states may come with increased ethical or legal risks for professionals, as it may be viewed as condoning the use of illegal compounds.
- If you are working under a license or registration, you cannot recommend or refer clients to unregulated practitioners.
- Educate yourself on the topics regarding ethics, harm reduction and legal issues as these relate to working with clients who may be using psycho-active substances. Research some of the clinical

trials, basic information on psychedelics, and contraindications for your own knowledge, competency, and to understand the experience and potential risks.

- Ensure that your client signs a document that clearly states they understand all these points.

Client Considerations

Increasing numbers of people are seeking altered states in a variety of settings inside and outside of clinical contexts. Currently, limited legal access has resulted in clients seeking recommendations from health professionals about engaging in the use of psychedelics and other methods that lead to altered states of consciousness. The Psychedelic Harm Reduction and integration approach (PHRI) entails supporting clients who have decided to, or are already working with, altered states to make informed choices, create safety plans, and understand the inherent risks, rather than encouraging or advising them to engage in illegal substance use. Here are some specific considerations for preparing clients for this work:

- Define “harm reduction” in the psychedelic context for the client, as an approach aimed at reducing the recognized harm to the user of illegal substances, to enhance safety, and optimize therapeutic outcomes relevant to wellbeing.

- Encourage clients to do their own research on topics related to the specific substance or experience in which they are already engaged, or are planning to engage, and provide the opportunity for them to share their findings and explore potential concerns with you in a subsequent preparation session.

- Educate clients and ensure that they are aware of the potential risks and benefits, manage their expectations for the session(s) and beyond, and support the exploration of elements that can increase or reduce the therapeutic impact for the client.

- Direct clients to the research literature and other resources

- Support informed choices

- Ask:

  - Have you thought about what you will do for personal support, before, during, and after?
  - Have you investigated what introductory dosage is often used for this substance? How does this land for you?
  - I can't advise you on this, but if you're going ahead with this, have you considered…?)

- Support clients to formulate their intentions and goals and develop a clear plan once they have decided to use the psychedelic substance.

- Ensure that your preparation and integration process follow the procedures in the research you cite (e.g., FDA/DEA approved trials), and if different, explain your rationale.

- Explain that you will not know what your client ingested, and that drug testing is essential. In addition, inform the client about how clinical trials and phases work, and the current status of the drug they are considering taking. Explain how clinical trial outcomes are relevant to your assisting clients in "integrating" illegal acts with illegal drugs in non-clinical settings.

Ethics In Psychedelic-Assisted Therapy

You'll also want to review the following key ethical considerations from the MAPS Bulletin (2019):

- Safety - suitability, assessment, emergencies, informed consent
- Confidentiality & Privacy - limits to confidentiality, privacy laws, communication agreements
- Transparency - client centered, informed consent
- Therapeutic Alliance & Trust - clear agreements, collaboration, no dual relationships, professional boundaries
- Use of Touch - consent, therapeutic touch - within scope/competence
- Sexual Boundaries - zero tolerance for sexual touch
- Diversity - inclusion, examine implicit bias

- Special Considerations - enhanced attention to transference, countertransference, potentially changing informed consent
- Finances - attention to accessibility, transparency re: fees
- Competence - scope of practice, continuing education, maintenance of licensure
- Relationship to Colleagues and the Profession - maintenance of collegial relationships; peer supervision and consultation
- Relationship to Self - safe and effective use of self; seeking collegial support as required

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