

**Substance-Induced Psychosis and Spiritual Emergency: Therapeutic Approaches that
Promote Alternative Paths to Growth**

by

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Abstract

Substance-induced psychosis (SIP) presents significant challenges in mental health due to its prevalence, complex symptomatology, and potential progression to primary psychotic disorders. This capstone project explores the intersection of substance-induced psychosis (SIP) and spiritual emergencies, proposing a specialized counselling program for individuals recovering from cannabis-induced psychosis (CIP). Building on existing literature, the study examines current therapeutic approaches, identifies gaps in treatment, and evaluates the role of existential and narrative therapies in recovery. The project critiques conventional interventions, emphasizing the need for holistic, meaning-centred care. It introduces a structured 12-session program integrating psychoeducation, existential therapy, and narrative therapy to reduce shame, promote empowerment, and support families. This model shifts the focus from symptom management to fostering personal growth and resilience, offering a transformative approach to CIP recovery.

Keywords: existential distress, post-traumatic growth, spiritual emergency, substance-induced psychosis, transpersonal crisis.

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Dedication

I dedicate this capstone to my family, who carried me through the most trying times. I offer a special thanks to my beautiful wife, Kaitlin, who surprises me every day with her grace and fortitude. Lastly, I want to shout out all the mothers and nurturers.

Table of Contents

Abstract.....	2
Acknowledgements	3
Dedication	4
List of Tables.....	8
Chapter One: Introduction	9
Purpose Statement	9
<i>Current Limitations.....</i>	<i>11</i>
Theoretical/Conceptual Framework	12
Contribution to the Field.....	14
<i>Alternative Perspectives on Treatment</i>	<i>15</i>
Reflectivity and Positionality Statement.....	16
Definition of Terms	19
Outline of the Capstone Project Chapters.....	20
Chapter Two: Literature Review.....	21
Understanding Psychosis and Psychosis Risk	21
<i>Substance-Induced Psychosis (SIP) and Cannabis-Induced Psychosis (CIP)</i>	<i>22</i>
<i>Aetiology & Prognosis</i>	<i>27</i>
<i>Comorbidities & Risk Factors</i>	<i>27</i>
Impact of Substance-Induced Psychosis on Individuals and Families.....	32
<i>Grief, Loss, and Psychosis.....</i>	<i>32</i>
<i>Isolation, Shame, and Stigma</i>	<i>33</i>
<i>Effect on Family.....</i>	<i>34</i>

Current Therapeutic Approaches..... 34

Cognitive-Behavioural Therapy (CBT) 35

Acceptance and Commitment Therapy (ACT), Attachment-Focused Therapy & Shame

Resilience Theory (SRT)..... 36

Dialectical Behaviour Therapy (DBT) 37

Humanistic, Narrative, and Existential Approaches 37

Spiritual Emergency and Transpersonal Crises 38

Substance-Induced Psychosis and Spiritual Emergencies..... 39

Navigating Spiritual Emergencies in the Context of SIP..... 39

Adapting Methods Based on Culture 40

Conclusion 40

Chapter Three: Discussion and Applied Practices..... 42

Discussion..... 42

Grief, Loss, and Psychosis..... 43

Isolation, Shame, and Stigma 43

Family Impact..... 43

Cultural and Comorbidity Gaps 44

Proposed Counselling Program 44

Overview..... 44

Structure..... 44

Delivery..... 46

Implications for Practice 46

Reflections on Personal Learning..... 47

Conclusion 47

References 49

List of Tables

Table 1: Diagnostic Criteria of SIP According to the DSM-5 (APA, 2013)23

Table 2: Risk Factors and Comorbidities for Substance-Induced Psychosis (SIP).....30

Chapter One: Introduction

Substance-induced psychosis (SIP) is a severe mental health condition characterized by hallucinations, delusions, and disordered thinking, triggered by the use of psychoactive substances such as cannabis, alcohol, or synthetic drugs. With the increasing global prevalence of substance abuse, particularly the rise in cannabis use due to legalization and cultural acceptance, the incidence of SIP continues to be a significant concern for mental health professionals. Since cannabis has become more available, the interest in the relationship between cannabis use and psychosis has increased (Fiorentini et al., 2021). According to Schifano et al. (2018), there are more emergency room intakes related to this event, especially young men, yet there is no accepted treatment protocol.

SIP is often difficult to distinguish from primary psychotic disorders, such as schizophrenia, and requires specialized treatment approaches that address both the substance use and the psychotic symptoms. The relationship between substance use and psychosis is complex, with research indicating that certain substances, particularly cannabis, can trigger psychotic episodes in vulnerable individuals. The transition from SIP to primary psychotic disorders is a critical area of concern, as it highlights the need for early intervention and tailored therapeutic strategies (Ghose, 2018). Despite the growing body of research on SIP, there remains a gap in the development of specialized counselling interventions that address the unique needs of individuals recovering from SIP.

Purpose Statement

The capstone project aims to develop and evaluate a specialized counselling program for individuals experiencing substance-induced psychosis. By focusing on the unique needs of this population, the project seeks to enhance therapeutic outcomes and provide a valuable resource

for mental health professionals. The insights gained from this research will contribute to the broader field of addiction and mental health treatment, promoting more effective and tailored interventions for those affected by SIP. By embracing the dedicated research of influential experts in this field, such as Carl Jung, Stan Grof, and Michael Harner, counsellors can shift the paradigm of merely minimizing symptomology through sedation (Grof & Grof, 2017). Even pushing the rigid description of psychosis as a broken brain has a limiting effect on many individuals who may be on a path of actualization and self-discovery that is not yet fully understood by science. These new perspectives encourage therapists to explore the complex stories of patients without judgment, understanding that mental health issues are dynamic, adapting to societal and pharmacological shifts (Ricci et al., 2024). The research questions guiding this project are:

- What are the current therapeutic approaches for treating substance-induced psychosis, and what gaps exist in the literature?
- How can counselling interventions be tailored to address the specific needs of individuals recovering from cannabis-induced psychosis?
- What role do existential and narrative therapies play in supporting individuals through recovery?

These questions inform a program targeting shame reduction and empowerment, addressing unmet needs in SIP recovery. The research suggests a plan of care that consists of psychoeducation, meaning-making through existential therapy, and searching for a new narrative. Not only will this program aim for significant improvement in patient outcomes, but it will also be sensitive to trauma and cultural differences to decrease stigma and include families in the recovery process when beneficial to the patient.

Current Limitations

Despite progress in understanding substance-induced psychosis (SIP), significant limitations persist in current therapeutic approaches, particularly for cannabis-induced psychosis (CIP), which accounts for up to 25 % of first-episode psychosis (FEP) cases (Martinotti et al., 2020). The dominant Western medical model, relying heavily on antipsychotic medications and cognitive-behavioural therapy (CBT), prioritizes symptom suppression over holistic recovery. Antipsychotics, while effective at reducing hallucinations and delusions, fail to explore the existential meaning of these experiences, potentially stifling opportunities for post-traumatic growth (PTG) (Hornstein, 2024). Similarly, CBT reduces the risk of transitioning to schizophrenia by approximately 50 % over 24 months (Hutton & Taylor, 2013), yet its reliance on insight and engagement—often compromised in acute SIP—limits its efficacy (Morrison et al., 2004). This narrow focus neglects the existential distress (ED) and spiritual emergencies that frequently accompany SIP, with Inglis and Storm (2021) noting that unaddressed ED can worsen psychotic symptoms and hinder recovery.

The relational and social dimensions of SIP also remain underserved. While the medical model mitigates acute harm, it overlooks the profound impact on families, who grapple with confusion, helplessness, and stigma while supporting loved ones (Selotole et al., 2022). Research shows that 40 % of SIP patients return to emergency departments within 30 days (Barbic et al. 2022), reflecting inadequate sustained support for clients and their networks. Isolation, shame, and stigma further complicate recovery, especially for young adults, with Hussain et al. (2024) identifying stigma as a primary barrier to care. Current interventions rarely incorporate family education or stigma-reduction strategies, restricting comprehensive healing.

Comorbidities, such as cannabis use disorder (CUD) and post-traumatic stress disorder

(PTSD), exacerbate these challenges. Catthoor and Dom (2022) highlight the scarcity of evidence-based treatments for dual diagnoses, despite bidirectional links between substance use and psychosis. SIP patients face elevated risks of depression and anxiety (Hjorthøj et al., 2021), yet tailored psychosocial interventions are lacking. Diagnostic ambiguity—SIP being mistaken for primary psychosis or spiritual emergencies—further impedes effective care (St. Arnaud & Cormier, 2017). Finally, cultural adaptations are underutilized, with Western models often clashing with non-Western views of psychosis as a spiritual event, reducing efficacy across diverse populations (Jagtap et al., 2024). These gaps—in addressing existential needs, relational impacts, comorbidities, diagnostic precision, and cultural sensitivity—necessitate a paradigm shift, which this capstone addresses through an integrated, humanistic counselling approach.

Theoretical/Conceptual Framework

This capstone project is grounded in an integrative theoretical framework, drawing from post-traumatic growth (PTG), attachment theory, existential therapy, and narrative therapy to support individuals recovering from SIP.

PTG describes the positive psychological transformation that can emerge from experiencing and overcoming adversity (Tedeschi & Calhoun, 2004). Key components of PTG include cognitive restructuring, relational growth, existential awareness, emotional regulation, acceptance, empowerment, and agency (Naik & Khan, 2019). Therapy models that prioritize meaning-making, trauma integration, and strength-based approaches align with PTG principles, offering individuals a pathway to personal and psychological resilience (Moodley & Lee, 2020). Closely related to PTG is the concept of antifragility, introduced by Taleb (2012), which refers to systems that not only withstand chaos but improve because of it. This framework suggests that human beings possess an inherent capacity to grow through adversity, a concept long recognized

in spiritual healing traditions. By integrating antifragility with PTG, the proposed counselling program reframes SIP as a potential catalyst for transformation rather than merely a disorder to be managed.

Attachment theory underscores the critical role of early relationships in shaping emotional, psychological, and social development (Bowlby, 1969). Disruptions in attachment may contribute to psychological distress, with some research suggesting that psychosis itself can reflect a profound detachment from relationships, including the relationship with oneself. Winnicott (1965) theorized that individuals with disrupted attachment may develop a "false self" as a defense mechanism, leading to difficulties in self-authenticity and connection. Recognizing these dynamics allows therapists to address the relational and developmental dimensions of SIP in treatment.

Existential therapy developed as a continuation of the philosophical search for meaning and purpose in being human. Victor Frankl (1963) witnessed humanity at its absolute worst when he survived the holocaust and used this therapy to try to make sense of the atrocities. Existential therapists seek to make psychological distress relevant, taking the perplexing events and applying clarity and practical wisdom (Arnold-Baker et al., 2023). Arnold-Baker et al. (2023) continued to describe tuning into the self through existential therapy as a way to tune into the world, becoming aware of connection at all levels of existence. As valuable to the process is forming a story of life and consciousness.

Narrative therapy centers on the idea that individuals construct meaning through the stories they tell about their experiences. This therapeutic approach helps clients reframe painful memories and integrate trauma into a coherent personal narrative (Sparrow & Fornells-Ambrojo, 2024). By treating clients as experts in their own lived experiences, narrative therapy empowers

individuals to reshape their understanding of psychosis, moving from stigma and pathology toward empowerment and self-acceptance.

By integrating PTG, attachment theory, existential therapy, and narrative therapy, this capstone project proposes a holistic counselling program for SIP recovery. This framework shifts the focus from symptom suppression to fostering resilience, self-discovery, and psychological growth, thereby offering a transformative approach to mental health care.

Contribution to the Field

This capstone project will contribute to the field of mental health by providing a specialized counselling framework for a vulnerable and often overlooked population. By addressing the unique challenges faced by individuals with SIP, the proposed program has the potential to improve recovery outcomes and enhance the quality of life for those affected. The medical model dominating the West successfully reduces harm. The author feels it is not enough since it may leave potential progress untapped.

Research on SIP is important because the drug use landscape is changing drastically with synthetics, the internet, and cultural acceptance (Ricci et al., 2024). The multifaceted relationships between mental health, addiction, and trauma demand targeted inquests since the local and global problems related to these conditions are causing great turmoil. By searching for a therapy that is more hopeful and compassionate, the author believes that there could be rippling positive effects on crucial topics, including inequality, hopelessness, learned helplessness, empowerment, reliance on drugs, blaming of victims, stigma, and safety.

Spiritual healers throughout human existence have understood that enlightenment requires a series of psychological struggles and that existential emergencies offer opportunities as well as obstacles that can be overcome with careful therapeutic support. Murray Jackson

(2015) documented how some exceptionally gifted people underwent psychotic states. By analyzing how SIP relates to creative expression and possible contributions of non-ordinary states of consciousness, the project hopes to develop a path toward spiritual fulfillment. The goal of therapy is not just to recover or survive but to thrive.

Consciousness-altering has considerable dangers, particularly when the mindset and setting are not properly vetted. The majority of the increased use of these drugs is in uncontrolled conditions and can exacerbate mental health concerns as opposed to improving them. Pharmaceuticals, such as antipsychotics, have been shown to diminish some symptoms of psychosis, but psychosocial interventions offer vast potential for post-traumatic growth (PTG) (Toddington, 2024). Furthermore, Grof and Grof (2017) found that training counsellors in spiritual emergency recognition could reduce misdiagnosis rates.

This capstone asks whether there is room for more advanced progression through a deeper exploration into a patient's affective mind, further incorporating ancient healing perspectives to appreciate the message and the meaning. Treating psychosis strictly as a pathology has temporarily bandaged the issue in Western society. Yet, other cultures and narrative approaches provide possibilities for shifting the explanation of psychosis to an empowering stage in a person's spiritual journey. Two-thirds of patients recover in the developing world, while only one-third recover in developed nations (Borges & Tomlinson, 2017).

Alternative Perspectives on Treatment

Fear Tactics. This capstone project is meant to increase knowledge of psychosis and drug use so that shame and stigma can be diminished. Highlighting the dangers of using substances and psychosis to produce fear has been proven ineffective and does not include the

empathy required for real change (Stack, 2022). Virginia Satir (1991) pioneered a change model which emphasized human emotions, refuting society's reliance on reward or punishment to motivate. With deliberate set and setting, and a holistic approach, even psychedelic-assisted therapy (PAT) has been shown to bestow outstanding transformative revelations. However, the priority is safety, and the power of these experiences must be fully respected. Some people are not suitable for these therapies.

Psychedelic-Assisted Therapy (PAT). PAT is an expanding area of interest and has shown promise for reducing harm and integrating experiences (Rogers, 2023). If proper training and deliberate orientations to health are maintained, PAT and the new narrative approach suggested by this capstone can mutually exist, offering multiple ways to PTG. As mentioned, there are some individuals whose past experiences with substances may make PAT unsafe. Therefore, spiritual emergence through counselling would be a more secure route, keeping in mind that any therapy has risks involved and might not be a good fit for certain people. Also, Rogers (2023) points out that there is limited evidence for PAT. Ethics and patient autonomy are paramount, and the neurological involvement of psychosis raises the stakes, forcing practitioners to be even more diligent in their endeavour for ultimate care (Gukasyan & Nayak, 2022).

Reflectivity and Positionality Statement

Psychosis has been used to describe an apparent disconnect between a mind's interpretation of the world and reality as it is accepted by civilization. However, history has shown that mass psychosis is possible, and modern technology is increasingly separating people from objective truth since they are inundated with false narratives. Scientific advancements have made life far more comfortable, but this has come with some detrimental trade-offs. David Foster Wallace (2006) unforgettably claimed that everyone worships something, and I have found that

for many, that is now science. The scientific method has indeed unlocked incredible mysteries. Nonetheless, the knowledge base deals with probabilities and, by definition, remains falsifiable. The author replaced a childhood of religious dogma with the skepticism of an atheist. This included an unquestioning trust in Western medicine.

I am a cisgender, heterosexual, white male and have received privileged treatment throughout my life. I have struggled with feelings of guilt from the unfairness that I witnessed, and I am inspired to use the power of my cultural location to fight for social justice. This unfairness, however, and how horrible humans can treat each other gave me existential angst. This is one of many factors that I believe contributed to my cannabis-induced psychosis, diagnosed by psychiatrists in Langley, where I would remain in the psych ward for 10 days. What I now think was a spiritual emergency was triggered in San Francisco 7 days before being taken to the hospital.

There is no way for me to be sure of the cause of my psychosis. I have taken the same substance many times previously, often in higher doses, without losing my grip on reality. I suspect that there was an intricate chemistry between feelings of overwhelm, shame, grief, and the environmental situation, which included family history, a strange new place, and my brain's neurological response to all of it. Looking back, I was grieving the loss of my spirituality, defined in this case as a connection to the universe that is outside human understanding. I was in the process of learning how much of my own narrative about myself was false. Kwok (2023) outlined the need to address spirituality's impact on healing, recognizing the limitations of the current understanding and practice. Peter Levine (1997) acknowledged that the human animal is unique in its capacity for consciously mastering its spiritual healing potential.

The rippling consequences of my CIP remain after 30 months. I am fascinated by the

recovery process and whether certain pitfalls could have been avoided. For instance, a few months following my hospital stay, I fell into depression as a side effect of the medications I was taking. On the other hand, Gumley et al. (2013) described how negative symptoms and brain chemistry can be affected by social defeat when the emotions of psychosis are not addressed. I am grateful to the medical system and the wonderful doctors and nurses who helped me immensely. Nevertheless, now that I have heard from other survivors and have learned about existential emergence, I desire PTG through the same conceptual frameworks I am proposing in this capstone. I have integrated meaning and purpose into my transpersonal crisis, outlining the journey as a form of calling to be a wounded healer, similar to how psychosis is responded to by the oldest spiritual practice, Shamanism (Harner, 1990).

I realize that due to my personal survival of SIP and subjective view of the transformational purpose of the experience, I have a bias toward wanting others to share my narrative. Nevertheless, I feel an ethical obligation to spread the hope created by these person-centred methods. By undergoing shame and stigma associated with drugs and psychosis, I am empowered to combat them since it is in no way the fault of the person in crisis. At the very least, let's review the literature to determine whether a treatment program based on these ideas would be valuable.

As a counselling student and someone who has personally experienced cannabis-induced psychosis, I bring a unique perspective to this research. My own journey through psychosis and recovery has deeply influenced my interest in this topic and my commitment to developing effective counselling interventions for others who may face similar challenges. I recognize that my personal experiences may shape my understanding of the research and the design of the counselling program. However, I am committed to maintaining a balanced and evidence-based

approach, ensuring that the project is grounded in the existing literature and informed by the experiences of others.

Definition of Terms

Cannabis-Induced Psychosis (CIP)

A specific form of SIP triggered by the use of cannabis, often associated with high-potency strains or synthetic cannabinoids (American Psychiatric Association [APA], 2013).

Existential Distress (ED)

Profound psychological discomfort arising from confrontation with life's fundamental questions—meaning, mortality, isolation, and freedom—often intensified by crises like psychosis or trauma (Inglis & Storm, 2021).

Existential Therapy

A therapeutic approach that focuses on helping individuals find meaning and purpose in their experiences, particularly in the face of existential crises (Frankl, 1963).

Narrative Therapy

A therapeutic approach that helps individuals reframe their experiences and construct empowering narratives about their lives (Adler et al., 2016).

Post-Traumatic Growth (PTG)

The positive psychological change that can occur as a result of struggling with highly challenging life crises (Tedeschi & Calhoun, 2004).

Spiritual Emergency (SE)

A transpersonal crisis that arises from profound spiritual experiences, which can sometimes disrupt a person's sense of self and reality (Grof & Grof, 2017).

Substance-Induced Psychosis (SIP)

A psychotic disorder triggered by the use of psychoactive substances, characterized by hallucinations, delusions, and disordered thinking (American Psychiatric Association [APA], 2013).

Transpersonal Crisis

A profound psychological and spiritual upheaval that transcends personal identity and ordinary consciousness, often triggered by intense experiences, with the potential for both breakdown and transformative growth (Grof & Grof, 2017).

Outline of the Capstone Project Chapters

This capstone project is organized into three chapters. The first chapter provides an overview of the topic, the purpose of the research, the theoretical frameworks guiding the project, and the author's positionality about the topic. Chapter two explores the current state of research on substance-induced psychosis, with a focus on therapeutic approaches, gaps in the literature, and the need for specialized counselling interventions. Chapter three presents the proposed counselling program for individuals recovering from SIP, integrating psychoeducation, existential therapy, and narrative therapy. This chapter also includes reflections on the research process and the potential impact of the proposed program.

Chapter Two: Literature Review

This literature review focuses on various therapeutic approaches used to treat substance-induced psychosis (SIP) to determine whether the research supports exploring a client's new narrative worldview, reframing the episode(s) as a spiritual emergency (SE). As with many other psychopathologies, applying a model of meaning through existential, humanistic, and postmodern methods has the potential to integrate stigma, feelings of shame, and other symptoms of trauma that are often present. Rigid enforcement of the medical model may lack the provision of tools for profound recoveries and post-traumatic growth (PTG). Adding person-centred psychotherapies may help empower a population currently suffering disenfranchisement. Also, this literature review explores how the complex nature of substance use, psychosis, and trauma impacts families and communities, and the role of spiritual emergencies and transpersonal crises in the recovery process. This chapter first explores the nature of psychosis and factors contributing to psychosis risk. It then examines the impact of substance-induced psychosis on individuals and families, followed by an analysis of current therapeutic approaches. Finally, it discusses spiritual emergencies as transpersonal crises in the context of psychosis.

Understanding Psychosis and Psychosis Risk

Psychosis is a word used to describe a person's state when their mind appears to no longer distinguish between real and imaginary stimuli and sensations. A person experiencing psychosis changes perceptions, thoughts, beliefs, and behaviours. Symptoms of psychosis can include hallucinations, delusions, or different types of losses in normal functioning (American Psychiatric Association [APA], 2013). Psychosis can present in a spectrum of ways, all of which disorient a person's mind, leading to scary and harmful situations when the setting is unsafe. People in this state require careful tethering and treatment options specific to their needs to work

through these events, attempting to incorporate these massive paradigm shifts into a new reality.

Møller (2023) detailed how psychosis manifests as a disruption to a person's perception of their base self, along with a diminished access to shared cultural meanings. This spectrum varies widely, ranging from transient episodes to chronic conditions, posing risks such as self-harm or social withdrawal when poorly managed (Ghosh et al., 2024). Risk factors include genetic predisposition, trauma, and substance use, with early intervention being critical to curb progression (Martinotti et al., 2020). For instance, Ghosh et al. (2024) determined that trauma doubles the risk of psychosis. The literature emphasizes the need for personalized approaches, yet standardized protocols remain elusive, particularly for SIP (Atzori, 2015). Møller (2023) further argued that thorough clinical conversations enhance our understanding of how psychosis develops in the human mind, thereby improving interventions and outcomes. I am curious to identify which therapeutic conversations provide the most benefit.

Substance-Induced Psychosis (SIP) and Cannabis-Induced Psychosis (CIP)

Since psychosis can present in many ways and can last anywhere from less than a day to many years throughout a lifetime, psychosis has been separated into different diagnostic categories in the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM-5; American Psychiatric Association [APA], 2013). Table 1 delineates SIP, primary psychotic diseases, and psychotic illness with comorbid substance use distinctions.

Table 1

Diagnostic Criteria of Substance-Induced Psychosis According to the DSM-5 (APA, 2013)

Disorder	Criteria
Substance-induced Psychosis	<p>A. Presence of one or both of the following symptoms:</p> <ul style="list-style-type: none"> • Delusions • Hallucinations <p>B. There is evidence from the history, physical examination, or laboratory findings that either (1) or (2):</p> <ol style="list-style-type: none"> 1. The symptoms in Criterion A developed during, or within a month of, substance intoxication or withdrawal 2. Medication used is etiologically related to the disturbance <p>C. The disturbance is not more accounted for by a psychotic disorder that is not substance-induced.</p> <p>D. The disturbance does not occur exclusively during delirium.</p> <p>E. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.</p>
Primary psychotic diseases	<p>This group includes:</p> <ul style="list-style-type: none"> • Schizophrenia • Other psychotic diseases • Schizotypal personality disorder <p>All the previous conditions must have one or more symptoms of the following:</p>

Disorder	Criteria
Psychotic illness with comorbid substance use	<hr/> <ul style="list-style-type: none"> • Delusions • Hallucinations • Disorganized behaviour • Negative symptoms <hr/> <p>At least, one of the criteria defining a psychotic disease and all the criteria of a substance use disorder must be present:</p> <ul style="list-style-type: none"> • A pattern of use that results in marked distress and/or impairment, with two or more of the following symptoms for 12 months. • Using the substance in larger amounts or over a longer period of time than intended • Unsuccessful attempts or persistent desire to reduce its use • Excessive time spent on obtaining, using, and/or recovering from the effects of the substance • A pervasive craving for the substance • Significant interference with roles at work, school, or home • Continued use despite recurrent social or interpersonal consequences • Reducing or giving up important activities due to the substance use

Disorder**Criteria**

- Substance use in situations in which it may be physically hazardous
- Substance use despite recurrent or persistent physical or psychological consequences
- Tolerance of the substance
- Withdrawal from the substance

Substance-induced psychosis (SIP) is a psychosis that results from ingesting a drug, such as cannabis, amphetamines, psychedelics, or alcohol. As the prevalence of substance abuse increases globally, there is a critical need to develop effective counselling interventions for individuals affected by SIP. There is ambiguity as to whether treatment should differ based on the type of psychosis diagnosed. Ceynowa (2010) made the case that obtaining an immediate diagnosis may not be necessary as the treatment remains the same. More importantly, researchers are focused on the likelihood of substance abuse leading to the onset of serious and long-lasting disorders.

On the other hand, despite how challenging differentiating the psychotic symptoms has been, treatment of SIP has tended to prioritize cessation of drug use (Drake et al., 2011). This has proven difficult, as Barbic et al. (2022) determined over 40 % of emergency department visitors with SIP returned within 30 days. Also, Bramness et al. (2024) challenged causality, noting substance use alone is not sufficient. This complexity calls for postmodern therapies to target root causes, not just symptoms (Ricci et al., 2024). Estimates suggest that up to 25 % of first-episode psychosis (FIP) cases are substance-induced, highlighting the need for early intervention (Martinotti et al., 2020).

Cannabis-induced psychosis is of particular concern in modern society because of legalization, the creation of synthetic cannabinoids, the high percentage of cases, and the higher likelihood of culminating into mood, personality, and schizophrenic disorders (Denton et al., 2024). Van der Steur et al. (2020) noted how the potency and frequency of cannabis use increased the likelihood of culminating in a psychotic incident. According to Garson et al. (2023), nearly half of CIP patients develop schizophrenia, a clear indication of how important it is to find all-embracing psychotherapeutic treatments.

Aetiology & Prognosis

The causes of psychosis and related conditions are vast and complex. Episodes differ greatly in length, disruption, and frequency. It is not fully understood why certain substances can lead to psychotic episodes in individuals who are susceptible while having little to no effect on others. Several neurotransmitter pathways can glitch in such a way that a person's mind has delusions, hallucinations, or other psychological symptoms (Ricci et al., 2024). It has been demonstrated that substance use alone is not sufficient to cause psychosis and that other risk factors are at play (Bramness et al., 2024). These factors include, but are not limited to, trauma, genetics, and environmental stressors.

Cannabis, particularly high-potency strains, disrupts endocannabinoid systems, accelerating psychosis onset in susceptible individuals (Garson et al., 2023). Prognosis can vary, for instance, some recover fully, while others face chronicity, with CIP patients at higher risk for mood and personality disorders (Denton et al., 2024). Ghosh et al. (2024) note poorer outcomes—aggression, homelessness—when comorbidities are unmanaged. The ambiguity underscores the need for longitudinal research and holistic interventions beyond cessation-focused models (Barbic et al., 2022).

Comorbidities & Risk Factors

SIP rarely occurs in isolation. Psychological difficulties such as anxiety, depression, substance abuse and personality problems are associated with attempts to recover from any mental unrest (Morrison et al., 2004), so the direction of causation with regard to psychosis, drug use, and trauma is messy, complicating treatment. Genetic studies suggest that individuals predisposed to develop schizophrenia are more likely to use cannabis, as opposed to the reverse causal link (Catthoor & Dom, 2022). Faced with unhelpful and stigmatizing beliefs held about

mental illness and the current treatment environments that can seem restricting, those with histories of mental disorders and unhealthy coping skills may find their problems expounded (Morrison et al., 2004). Shaw et al. (2002) discovered high levels of distress caused by psychosis and hospitalization. The association of psychosis with other disorders further confirms the demand for personalized approaches to treatment.

Due to the complicated interaction of substance use and psychotic sensations, diagnosing the specific type of psychosis is often challenging (Atzori, 2015), which presents another reason to feature the spiritual landscape of the event. Cathoor and Dom (2022) identified the bidirectional relationship between substance use and psychotic experiences. Since trauma and psychosis have both been defined as a response to distress outside a tolerable range, this relationship is also intertwined. The following is a demonstration of how treatments for post-traumatic stress disorder (PTSD) have fared when used for those recovering from a psychotic episode.

Circumstances like under-engagement, insufficient homework compliance, and the presence of negative cognitions resulted in PTSD psychotherapy being largely ineffective, similar to the findings about grief therapy (Brown et al., 2019). However, when a strong therapeutic alliance decreases attrition, certain therapies have had positive outcomes. For instance, prolonged exposure therapy through emotional processing was found to be effective under these parameters (Brown et al., 2019). Bryant et al. (2008) noted that adding cognitive restructuring enhanced the effects of exposure therapy for PTSD. Narrative exposure therapy and written exposure therapy presented safe alternative methods for revisiting trauma, suggesting that the program being proposed in this project has merit (Neuner et al., 2004; Sloan et al., 2023). Hardy et al. (2023) confirmed that addressing trauma is imperative, but Airey et al. (2023)

emphasized the strict guidelines in place to avoid additional harm at all costs, the mantra of trauma work.

The psychotherapeutic field should strive to improve the lives of people exposed to the commonly co-occurring disorders of psychosis and substance use disorder (SUD) (McDonnell & Oluwoye, 2019). According to Josic (2023), cannabis use exacerbates the extent and duration of psychotic symptoms, and continued use increases the likelihood of psychosis relapse. Nordstrom and Levin (2007) showed several equally effective treatments for cannabis use disorder (CUD). Nonetheless, the need for further research in this area and standardization of core outcome measures remains (Lee et al., 2019).

Risk factors for SIP include early-onset substance use, comorbid PTSD, and cannabis use disorder (Patel, 2022; Ghafouri et al., 2024). Comorbid conditions complicate treatment, as individuals may experience higher rates of aggression, hospitalization, and relapse (Ghosh et al., 2024). Age, gender and socioeconomic factors also influence susceptibility to SIP (Barbic et al., 2022).

Ghafouri et al. (2024) highlighted the importance of addressing these comorbidities through age-appropriate treatments, including peer and family support for younger populations and counselling for adults. Research by Barbic et al. (2022) further identified risk factors such as age, gender, homelessness, and opioid use, noting that many patients experience recurrent psychotic episodes, which emphasizes the need for ongoing and robust treatment. Psychosis is associated with other mental health issues, such as depression, anxiety, and personality disorders. Table 2 summarizes key risk factors and comorbidities for SIP, highlighting the complex interplay of biological, substance-related, and psychosocial elements.

Table 2*Risk Factors and Comorbidities for Substance-Induced Psychosis (SIP)*

Category	Risk Factors	Comorbidities
Biological/Genetic	-Family history of psychosis or schizophrenia (Fiorentini et al., 2021)	-Schizophrenia spectrum disorders (Martinotti et al., 2021)
	-Genetic variants that impact neurotransmitters (Ghosh et al., 2024)	Bipolar disorder (Starzer et al., 2018)
Substance Use	-Early cannabis use (before age 18) (Fiorentini et al., 2021)	-Cannabis use disorder (CUD) (Martinotti et al., 2021)
	-High-potency cannabis use (e.g., >10 % THC) (van der Steur et al., 2020)	-Polysubstance use disorder (Fiorentini et al., 2021)
	-Frequent or heavy cannabis use (Martinotti et al., 2021)	
Psychosocial/Environmental	-Childhood trauma (e.g., abuse, neglect) doubles psychosis risk (Ghosh et al., 2024)	-Post-traumatic stress disorder (PTSD) (Starzer et al., 2018)

Category	Risk Factors	Comorbidities
	-Urban living or social deprivation (Fiorentini et al., 2021)	-Major depressive disorder (MDD) (Martinotti et al., 2021)
	-Stressful life events (e.g., loss, migration) (Ghosh et al., 2024)	-Anxiety disorders (Starzer et al., 2018)
Developmental	-Adolescent brain development (vulnerability to THC (van der Steur et al., 2020)	-Neurodevelopmental disorders (Ghosh et al., 2024)
Cultural/Social	-Stigma or cultural misinterpretation of symptoms (Switaj, 1996)	-Social isolation or adjustment disorders (Fiorentini et al., 2021)

The therapeutic theories proposed in this capstone address the entirety of a patient. Trauma-focused care is utilized to ensure that associated struggles are attended to.

Impact of Substance-Induced Psychosis on Individuals and Families

Substance-induced psychosis (SIP) can have profound effects not only on the individual experiencing it but also on their family members and communities. The disruption of reality, confusion, and intense emotional distress that accompany SIP often lead to significant challenges in understanding and managing the individual's behaviour. This section explores how SIP intertwines with grief, loss and the complexities of the human experience, shedding light on the emotional and psychological impacts on both the person affected and their loved ones. Issues such as isolation, shame, and stigma are examined, emphasizing their role in hindering recovery and access to support. Additionally, the impact of SIP on family dynamics is highlighted, accentuating the need for education, effective communication, and therapeutic support in navigating the recovery journey.

Grief, Loss, and Psychosis

Relating psychosis with a loss of self and/or a person's assumptive world synchronizes the experience with other naturally damaging events in life. Therefore, assisting a person through the grieving process after they have "lost their mind" can build a new paradigm of understanding (Beder, 2005). Loss and grief are a part of the human journey and undergoing a spiritual or existential emergency can also be a segment of that journey through life for some people (Grof & Grof, 2017).

There are a number of noteworthy parallels between psychotherapy for a person undergoing grief and a person who has undergone an existential crisis. Death reminds us of our mortality. Grief counselling has not had statistical success, arguably because of trying to over-

pathologize a normal human transition (Brown et al., 2019). Bowlby (1969) extended his attachment theory to how a person undertakes loss. A person's attachment style is a significant factor in how psychosis will be outlined and processed. Bowlby (1969) found that insecure attachment styles can heighten disconnection. Therapists can seek to reattach patients to a world with meaning, even in the loss itself. The counsellor must be mindful of the patient's attachment style and bring awareness, maximizing renewal (Zech & Arnold, 2021).

Isolation, Shame, and Stigma

The stigma of psychosis has been a major barrier to accessing services, particularly for young adults (Hussain et al., 2024). There is a growing need to improve the conversation and perspectives associated with this disorder so that sufferers are not ostracized and feel safe to receive assistance. According to Oudejans et al. (2022), narrative enhancement and cognitive therapy (NECT) reduced self-stigma among people with severe mental illness. This capstone suggests that enhancing the story of psychosis may expand on treatment options and overall recovery.

Drug use was unreservedly shunned in my culture throughout my entire childhood. Although there is less stigma accompanying prescription drugs now, psychedelics, cannabis, nicotine, and alcohol use continue to be judged critically, adding to a person's guilt. In many instances, the use stems from an attempt to self-medicate for unexplained existential and neurological anomalies. The temporary relief that drugs provide leads to abuse.

Social isolation is one of life's most dangerous factors (Dhoot, 2022). Losing all connection with the world as it is understood is extremely detaching. A major goal of therapy when working with psychosis survivors is to demonstrate that they are not alone, and to reconnect them to themselves, others, and reality.

Shame is the underlying cause of a plethora of ailments. Riedlinger (2022) recognized shame as a common precursor or consequence of SIP, fueling avoidance and relapse. According to Hussain et al. (2024), the compounding personal guilt I felt because of being raised in a culture that vilified drug use is a common pattern. To achieve PTG, counsellors must learn to work therapeutically with shame (Riedlinger, 2022).

Effect on Family

An individual's experience with substance-induced psychosis (SIP) can profoundly disrupt their sense of reality, leading to confusion, fear, and behaviours that are difficult for family members to understand and manage. For families, this can create feelings of helplessness, frustration, and even estrangement as they struggle to support their loved ones during psychotic episodes (Selotole et al., 2022). The episodic and unpredictable nature of SIP often strains family relationships, underscoring the importance of education, open communication, and professional support to help both the individual and their family navigate the challenges of recovery (Denton et al., 2024). Education and communication are vital, yet rarely integrated into treatment (Frawley et al., 2023). This gap heightens family burden and client relapse risk (Barbic et al., 2022).

Current Therapeutic Approaches

Modern treatments for psychosis encompass a range of evidence-based and emerging approaches, each addressing different facets of the condition. Wyatt (1943) recognized even then how best care involved determining the root cause instead of handling symptoms and replacing unhealthy behaviours with healthy ones. The therapeutic alliance remains the key variable to promote greater benefits in global functioning (Berry et al., 2016). Traditional methods, such as antipsychotic medications and cognitive-behavioural therapy (CBT), remain foundational, while

newer modalities like acceptance and commitment therapy (ACT), compassion-focused therapy, and dialectical behaviour therapy (DBT) explore deeper emotional and relational aspects.

Additionally, humanistic and existential therapies provide client-centred support and are gaining attention for their transformative potential. This section outlines these approaches, examining their contributions and limitations in fostering recovery and growth.

Cognitive-Behavioural Therapy (CBT)

CBT has become a widely used and evidence-based approach for managing psychosis, particularly as a complement to pharmacological treatment. It is effective for addressing symptoms such as hallucinations, delusions, and distress associated with psychosis, however, like any therapeutic approach, CBT has its strengths and limitations.

CBT incorporates change methods that address schema with psychotic patients (Morrison et al., 2004). Hutton and Taylor (2013) reviewed the effectiveness of CBT in preventing psychosis and found robust support. The risk dropped by about half at each 6-month interval (up to 24 months). Vincent (2008) and Myhr (2011) found an accumulation of evidence supporting the use of CBT for people post psychosis as well, noting that psychotic experiences exist on a spectrum with normal human experiences. Myhr (2011) highlighted this through the examples of hearing voices and paranoia, commonly sensed by most human minds. However, practicing new thoughts and behaviours can provide a means of gaining more control over these cognitive anomalies. Other advantages of CBT include minimal invasion and relapse prevention since it frames psychosis as a manageable event.

Nonetheless, if the intensity of the symptoms impairs engagement and insight, CBT may be less effective (Vincent, 2008). CBT requires abstract reasoning, an ability to achieve substantial insight, and a significant time commitment. The effectiveness of CBT can vary due to

the unique presentations of this ailment, requiring additional interventions according to Myhr (2011). Finally, focusing on delusions and hallucinations may inadvertently reinforce or validate these experiences, potentially increasing distress (Morrison et al., 2004).

Current treatment methods relying on antipsychotic medications and cognitive-behavioural therapy (CBT) are the simplest approaches to study and have demonstrated modest recuperation. Access to CBT also gives it an advantage, making a dramatic shift to newer psychotherapies with fewer trained practitioners difficult. Even offering CBT through telehealth showed feasibility, removing more barriers to treatment (Gaither et al., 2024). According to Baker et al. (2010), along with CBT, motivational interviewing (MI) also showed promise for working with patients using cannabis, yet there is limited research.

Acceptance and Commitment Therapy (ACT), Attachment-Focused Therapy & Shame Resilience Theory (SRT)

ACT is related to CBT and has incremental evidence of being an effective approach for severe mental illness through its focus on learning to create, watching symptoms without avoidance, and adhering to values (Bach et al., 2011). Shawyer et al. (2017) demonstrated that, although ACT produced no group improvement initially, after 6 months, there was a diminishment in positive symptoms and hallucination distress compared to befriending. The results of the research by Bach et al. (2011) suggested that the changes manifested by brief ACT for psychosis are relatively long-lasting. Its emotional focus complements CBT but lacks widespread adoption for SIP (Mullen, 2023).

Bien (2016) reviewed the vivid impression acknowledging and resolving emotions can have on psychosis through an attachment-focused lens. Attachment, compassion, and emotions all play a crucial role in the methods a therapist administers in these cases to hold space for the

patient. Therapies focused on attachment and/or compassion appear to be safe, promising, and developing interventions for promoting emotional recovery from psychosis (Braehler et al., 2012). Gumley et al. (2013) delineated how understanding emotions can produce insight into attachment, loss, and psychological crisis. Attachment-focused therapy has had promising preliminary results by significantly improving felt security through imagery (Airey et al., 2023).

Shame is a painful emotion, often an underlying precondition and/or subsequent response to SIP. Another emotion-based therapy, developed by Brené Brown, that successfully addresses feelings of self-blame, failure, and stigma is shame resilience theory (SRT) (Riedlinger, 2022). Without processing shame, avoidance behaviours, including substance use, isolation and resistance to seeking help can invade. Riedlinger (2022) promoted SRT as a means of reframing, developing self-compassion, and building resistance in the face of shame. Emotional resilience is likewise one of the foremost aims of the next therapeutic methodology.

Dialectical Behaviour Therapy (DBT)

Dialectical behaviour therapy (DBT) is a powerful evidence-based intervention for SIP, offering a structured and practical approach to managing symptoms, preventing relapse, and, as mentioned, improving emotional resilience. DBT relies on a combination of mindfulness, distress tolerance, emotional regulation, and interpersonal effectiveness (Mullen, 2023). Despite its demonstrated efficacy with many problems commonly co-occurring among people diagnosed with psychotic spectrum disorders (PSD), DBT is rarely offered (Mullen, 2023). According to Naik and Khan (2019), DBT's pursuit of building a life worth living aligns with PTG goals, meeting the needs of people with psychosis.

Humanistic, Narrative, and Existential Approaches

Client-centred therapy focuses on building relationship and creating a safe therapeutic

environment through empathy and positive regard. Conceivable advantages of a humanistic approach are that it allows patients to remain in the community, rather than institutionalizing them, and has more promising future outcomes (McCray, 2024). Narrative therapy empowers individuals to reframe psychotic experiences, promoting recovery-focused narratives (Pol et al., 2024).

Existential therapy, as discussed by Arnold-Baker et al. (2023), looks at the past, present, future, eternity and a person's core values and purpose in this existence. This aim fits well with those who are experiencing psychological distress. Spinelli (2001) suggested the use of existential approaches to better understand the psychosocial context, while Gal et al. (2023) framed the issues in terms of how the patient's interpersonal relationships have broken down. Integrating humanistic and existential modalities has shown tremendous promise for working with existential distress. These approaches show promise but lack SIP-specific validation (Hornstein, 2024).

Spiritual Emergency and Transpersonal Crises

A spiritual emergency is defined as a crisis that arises from profound spiritual experiences, which can sometimes lead to psychological disturbances resembling psychosis (Esser, 2017). According to Grof and Grof (2017), spiritual emergencies are transpersonal crises where individuals undergo intense experiences that disrupt their sense of self and reality. Research by Inglis and Storm (2021) examined existential concerns as potential predictors of spiritual emergency and psychosis. They argued that unresolved existential questions may exacerbate psychological distress, leading to episodes of psychosis in vulnerable individuals. This correlation emphasizes the importance of addressing spiritual and existential dimensions in therapy. Pathological psychosis disorganizes without resolution (Grof & Grof, 2017).

Substance-Induced Psychosis and Spiritual Emergencies

Substance-induced psychosis, particularly from psychedelics, cannabis, or other substances, can share similarities with spiritual emergencies due to the altered states of consciousness they invoke (Inglis & Storm, 2021). Psychedelics, for example, often catalyze intense introspective or mystical experiences, which can either lead to insight or destabilization, depending on the context and individual susceptibility (St. Arnaud & Cormier, 2017). Key factors linking substance-induced psychosis and spiritual emergencies: altered perception, identity disruption and fear and confusion (Martin, 2024). Altered perception both involve shifts in sensory perception, thought patterns, and emotional states, potentially leading to a disconnection from ordinary reality. Individuals may struggle with changes in their sense of self, experiencing ego dissolution or profound existential questions. Without a supportive framework, these experiences can provoke fear, paranoia, or delusions, often seen in psychosis.

Navigating Spiritual Emergencies in the Context of SIP

To work with spiritual emergencies arising from drug-induced psychosis, a multifaceted approach is required. St. Arnaud and Cormier (2017) suggested supportive integration, contextualizing the experience and grounding practices. Martin (2024) mentioned that guided integration therapy helps individuals make sense of their experiences and extract meaning. Psychedelic harm reduction frameworks can provide a safe space to explore these altered states and ground them into a cohesive narrative, constructing a life of meaning as defined by the patient (Sebastian & Carr, 2024). Therapeutic conversations should focus on the individual's emotional, existential, and spiritual needs, helping them process insights or distress from the experience (Inglis & Storm, 2021). Differentiating between pathological psychosis and transformative spiritual crises is crucial. This involves assessing whether the individual's

experiences are disorganizing (pathological) or leading toward a deeper personal or spiritual growth (transformative). Grof and Grof (2017) emphasized that spiritual emergencies, when correctly recognized and supported, can result in significant post-crisis growth and healing. Mindfulness, meditation, or body-centered practices can help individuals stabilize and reconnect with reality (Engelbrecht, 2021). Peer support groups or spiritual communities may offer understanding and reduce feelings of isolation (Borges & Tomlinson, 2017).

While drug-induced psychosis can be debilitating, it also holds the potential for personal transformation if approached with care. A proper balance of medical, psychological, and spiritual support allows individuals to navigate their experiences constructively, transforming what may initially seem like a breakdown into a breakthrough.

Adapting Methods Based on Culture

One of the underlying themes that must permeate this work is understanding the unique humanity of each individual attended to. Culturally adapted CBT (caCBTp) incorporates family involvement, addresses stigma, and aligns with patients' cultural contexts, enhancing treatment outcomes for diverse populations, according to Jagtap et al. (2024). Switaj (1996) identified shamanic traditions as historically framing SE as growth, a perspective underdeveloped in modern practice. Culturally adapted interventions are necessarily gaining traction in the treatment of psychosis. Not only is it an ethical necessity, but it enhances efficacy (Hardy et al., 2023).

Conclusion

The future of counselling for individuals with psychosis and addiction lies in the integration of multiple therapeutic approaches, including CBT, existential therapy, and trauma-focused therapies. Studies by Hardy et al. (2023) and others suggest that combining these

approaches can provide a more comprehensive treatment framework, allowing therapists to address the multifaceted nature of psychosis and addiction. In conclusion, this literature review highlights the importance of addressing substance-induced psychosis, existential therapy, and spiritual emergencies in counselling practice.

The literature reveals SIP's complexity—high prevalence, diagnostic challenges and limited therapeutic scope—underscoring gaps in addressing ED, stigma, family impact and cultural diversity (Ghosh et al., 2024; Selotole et al., 2022). CBT and antipsychotics dominate, yet humanistic, existential, and narrative approaches offer transformative potential (Arnold-Baker et al., 2023; Oudejans et al., 2022). SE frameworks reframe SIP as a growth opportunity, demanding integrated, client-centred care (Grof & Grof, 2017). Future research should continue to explore the intersections of psychosis, addiction, and existential crises to provide more holistic and personalized care. Chapter three builds on these insights, proposing a program to bridge these gaps and empower recovery.

Chapter Three: Discussion and Applied Practices

This chapter synthesizes the complexities of substance-induced psychosis (SIP) and spiritual emergencies (SE), drawing from the literature to propose a specialized counselling program for individuals recovering from SIP, particularly cannabis-induced psychosis (CIP). Building on chapter two's findings, it addresses the research questions: What therapeutic approaches exist for SIP, and what gaps persist? How can counselling be tailored for CIP recovery? What roles do existential and narrative therapies play? The discussion critiques current limitations, highlights transformative potential, and presents a 12-session program integrating psychoeducation, existential therapy, and narrative therapy. This approach aims to reduce shame, foster empowerment, and support families, reflecting a shift from symptom management to meaning-making and growth.

Discussion

The literature review demonstrates that psychosis, characterized by a disconnection from reality, leads to alterations in perception, thought processes, and behaviour, with substance-induced psychosis (SIP) specifically arising from drug use such as cannabis. Cannabis-induced psychosis (CIP) is notably associated with long-term psychiatric disorders, including schizophrenia (Baldaçara et al., 2023). The etiology of psychosis is multifaceted, encompassing genetic, psychological, and environmental factors, and treatment must be individualized to address comorbid conditions such as PTSD, depression, and substance use disorders (Tomašić et al., 2023). SIP has profound effects on both individuals and their families, often leading to stigma, social isolation, and relational strain. Therapeutic approaches, including narrative and existential therapies, can support recovery by helping individuals restore meaning and reintegrate into their lives, benefiting patients, their families, and their communities.

Contemporary treatment strategies for psychosis integrate traditional methods, such as antipsychotic medications and cognitive-behavioural therapy (CBT), with newer modalities, including acceptance and commitment therapy (ACT), dialectical behaviour therapy (DBT), and humanistic approaches. These therapies address diverse aspects of the condition and emphasize the importance of the therapeutic alliance in promoting recovery and enhancing overall functioning (Ridenour et al., 2022). Sedláková and Řiháček (2019) have detailed how psychosis can also lead to spiritual emergencies—intense spiritual experiences that share key features with substance-induced psychosis, including altered perception, identity disruption, and existential distress. Effective treatment requires a comprehensive approach that differentiates between pathological symptoms and transformative experiences while supporting personal evolution.

Grief, Loss, and Psychosis

Psychosis disrupts the assumptive world, mirroring grief (Neimeyer & Sands, 2022). My own CIP experience—grieving a lost spirituality—echoes this, suggesting that therapies must help clients reconstruct meaning post-crisis. Current approaches often pathologize this loss, missing opportunities for PTG (Toddingon, 2024).

Isolation, Shame, and Stigma

Hussain et al. (2024) confirm stigma as a barrier, while Oudejans et al. (2022) show narrative enhancement and cognitive therapy (NECT) reducing self-stigma. My hospitalization reinforced shame, yet reframing my story as a spiritual journey diminished it, supporting narrative therapy's efficacy.

Family Impact

Families face helplessness and estrangement (Selotole et al., 2022), yet interventions rarely include them. The 40 % emergency department revisit rate (Barbic et al., 2022)

underscores this gap, necessitating family-inclusive strategies. My support network was crucial to my return to the world.

Cultural and Comorbidity Gaps

Western models undervalue spiritual interpretations (Jagtap et al., 2024), and dual-diagnosis treatments lag (Cathoor & Dom, 2022). These findings demand a holistic, culturally sensitive approach, which the proposed program delivers.

Proposed Counselling Program

Overview

The SIP Pathways to Growth Program is a 12-session, evidence-informed intervention for adults (18+) recovering from SIP, focusing on CIP due to its prevalence and my lived experience. It integrates psychoeducation, existential therapy, and narrative therapy across three phases, with optional family sessions, to address symptoms, ED, shame, and family dynamics.

Structure

Phase 1: Psychoeducation (Sessions 1-2). The initial phase will be used to establish an invitingly safe space, setting clear boundaries to form trust. Focus will be on emotions, utilizing compassion and self-compassion to reduce feelings of shame. The therapeutic relationship will be built through an understanding that the patient holds no fault for arriving here. This is the ethical dilemma I have wrestled with, since Robert Sapolsky (2024) convincingly taught me that free will is a myth. I want to share how these scientific theories encourage forgiveness and optimism.

To offset the program from a hospital environment, warm, comfortable décor and exposure to nature will be offered. These first 2 sessions are about connection. The program is designed to connect over similarities and celebrate diversity, appreciating each person's

perspective and conceivable progress.

Participants will use this portion of the program to share their story openly, safe from judgment. Once attachment is secure, psychoeducation can begin. The knowledge of how neurotransmitters impact behaviour, especially when drugs are involved, normalizes and empowers a person. Journaling may be a potent alternative for those looking for different ways to express themselves. Any community resources should be applied here, helping patients through acceptance and then providing possible directions. All supports must be made available to demonstrate that the person is not alone.

Phase 2: Existential Exploration (Sessions 3-7). The second phase explores psychosis as a spiritual emergency. Patients will use this opportunity to detect any existential distress or other preceding ideas or stressors that may have contributed to their lived experience. Mindfulness meditation or other types of guided reflections can help ground participants in the present moment, while questioning existence, past and future. This is the section where purpose, meaning, and/or learning are infused into the story of the events of a person's life and struggles. The focus will be on tuning into the self.

Psychoeducation will proceed to post-traumatic growth and antifragility to foster resilience and hope. Examples of PTG can be used for inspiration. This is an ideal portion of treatment to discuss how spirituality may pertain to this story of existence. Dialectical thinking about subjective and objective truth profoundly anchors the therapy, while providing a structure for non-ordinary states of consciousness to fit into reality. Will Storr (2015) comprehended what drives cognitive bias. By ascertaining a person's blind spots to facts, they can freely endeavour to perceive what has yet to be explained by science. One of the successes of Alcoholics Anonymous is admitting that humans are not all-knowing; that there is something beyond human sentience.

Building off the foundational relationship, the priorities of the core section of the program are to retain engagement and start to process conscious awareness through a spiritual lens. Postmodern views will grant a freedom to examine grief, isolation, trauma, and shame from a holistic image of wellness, a strong place on which to move towards a new story.

Phase 3: Narrative Reframing (Sessions 8-12). The goal of the final phase of the program is to construct empowering narratives to reduce stigma and integrate trauma. The difference between fault and responsibility will be highlighted to enhance agency while realizing self-compassion and forgiveness. Participants will discover how to express themselves emotionally and creatively. Positive outlooks of the future will be manifested, now that the story incorporates meaning and purpose unique to the individual. Clients are the experts of their lives.

Shame resilience techniques will be the heart of this phase. This will be accomplished by giving patients the chance to tell their new tales of growth. Family and friends are invited to bear witness in the final sessions in ways that are part of a structured therapeutic plan that still holds safety and trust as the primary values. Therefore, returning to baseline and beyond in society will be titrated with utmost care.

Delivery

This program can be delivered as 60-minute individual sessions weekly, with group options for narrative sharing. The program will be culturally adapted via collaboration with family and/or spiritual leaders where relevant (Jagtap et al., 2024).

Implications for Practice

Counsellors adopting this program should train in existential therapy (Gal et al., 2023) and NECT (Oudejans et al., 2022) to address ED and stigma effectively. Supervisors must differentiate SE from pathology (Martin, 2024), ensuring ethical, client-centered care (Gukasyan

& Nayak, 2022). Agencies can implement family workshops to broaden impact, aligning with trauma-informed principles (Hardy et al., 2023).

Reflections on Personal Learning

My CIP journey—marked by overwhelm, shame, and a 10-day psych ward stay—mirrors Hjorthøj et al.'s (2021) findings on depression risk post-psychosis. Initially, antipsychotics stabilized me, but depression followed, possibly from unaddressed emotions (Gumley et al., 2013). Learning about SE and PTG reframed my crisis as a calling to heal others, echoing shamanic traditions (Harner, 1990). This capstone reinforced my bias toward transformative narratives, yet I have strived for evidence-based balance, honouring diverse recovery paths.

As traumatic as my CIP was, I have come to appreciate how it stimulated undeniable growth and allowed me to glimpse the suffering that others, namely my future clients, may go through in varying degrees. My capacity for empathy has expounded. My relationships teetered on the brink of destruction when it was unknown whether I would ever come out of the psychosis, but now they are stronger than ever. Researching and learning how common my condition was provided therapy and writing this capstone was indeed meaningful.

The ancient wisdom of Shamanism taught me the value of spiritual self-care. I had neglected that aspect of who I am. However, experiencing a spiritual emergency opened a personal pathway. I can now accept the calling of being a wounded healer and serve others on their path to revitalization.

Conclusion

This capstone project has highlighted the complexity of SIP and the urgent need for specialized treatment approaches. While cognitive-behavioural therapy remains a cornerstone of treatment, emerging trauma-informed, attachment-based, and culturally adapted methods show

promise. The integration of family and shared decision-making, combined with humanistic and existential approaches, may offer more holistic and empowering frameworks for those experiencing psychosis. The SIP Pathways to Growth Program bridges gaps in current practice, offering a compassionate, empowering approach. By integrating existential and narrative therapies, it transforms breakdowns into breakthroughs, honouring clients' humanity and potential. However, gaps in understanding the neurobiology of SIP and its transition to schizophrenia necessitate further research to develop more effective and personalized interventions. The findings underscore the importance of a multi-dimensional approach to treatment, where both the clinical and relational aspects of psychosis are addressed, ensuring better outcomes for individuals recovering from SIP.

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