

Running Head: A CASE FOR THE USE OF COMMUNITY-BASED PSYCHEDELIC ASSISTED  
PSYCHOTHERAPY IN A RURAL AND REMOTE CONTEXT

A CASE FOR THE USE OF COMMUNITY-BASED PSYCHEDELIC ASSISTED PSYCHOTHERAPY IN A  
RURAL AND REMOTE CONTEXT

by

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### **Abstract**

The therapeutic use of psychedelic substances has been a foundational component of healing practices in many Indigenous cultures throughout the history of humankind, but it has only been topic of study in Western therapeutic research since the 1950s. After a hiatus in this research beginning in the mid-1980s, we now find ourselves in an exciting time where it is once again a topic of interest in therapeutic circles and we are seeing a rapid increase in the social viability of the mainstream use of psychedelic assisted psychotherapy. The structure of this document is based on a set of interviews with a medical doctor and a psychotherapist about their experiences offering ketamine assisted psychotherapy in the context of a community-based clinic in a rural and remote setting. These interviews, in combination with a summary of peer reviewed research, provided the author with the opportunity to develop a suggested framework for any current or future therapist who might wish to offer psychedelic assisted psychotherapy in this context. This thesis offers an exploration of the narrative summary of the interviewee's observed clinical outcomes for patients within their clinic, as well as their impressions of the challenges, barriers, and strengths of providing experimental psychedelic treatment in a community-based rural and remote setting. A brief history of the therapeutic use of psychedelics will be provided, including some reflection of the personal value of this work for the author. Following this, recommendations will be offered based on feedback from interviewees about their perception of the needs of the client and the needs of the therapist in doing this work. Finally, the author will offer a conclusion about lessons learned in writing this thesis and proposed areas for future research.

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## Chapter 1: Musings of a Grad Student

To undertake a Masters thesis is to undertake the journey of seeking to expand ones knowledge in an area of interest. To dedicate time, energy, and even love to a passion that is related to one's area of study. Or, at least, this is how I have come to understand it. When considering what to write my thesis on, I realized that I have no desire to write an extended research paper with little novel information to offer to the world. My hopes and dreams for this thesis are that it should be useful, that it should be interesting, and that it should provide me with the opportunity to create connections, both in idea and within a community of likeminded individuals, that will serve me long into my future career as a therapist. Have I accomplished those goals? In many ways yes. Like so many pursuits, there are things I would have done differently and there is so much more for me to experience that will only come once this document is complete and I move into the next phase of my scholarship: the embodied practice of therapy *in real life*.

What follows is primarily an exploration of the experimental therapeutic use of psychedelics within a community-based clinic in a rural and remote context. The outcome of this thesis is in essence a series of recommendations for practitioners wishing to implement the therapeutic use of psychedelics in this context. While we are not yet at the point where counsellors are freely able to use these substances in their therapeutic practice, recent momentum in this direction has me hopeful that within the course of my counselling career the information I have compiled here will provide me with a road map to introduce psychedelic assisted psychotherapy into my own practice in rural British Columbia. In this thesis, the substance Ketamine is used to provide a case study for this exploration. Ketamine itself was not

of particular interest to me when I began looking at how to explore the topic of psychedelic assisted psychotherapy, but as a substance that is used both medically, illegally, and therapeutically, it has turned out to offer a rich opportunity to connect with practitioners that have utilized this substance in a therapeutic context with great success.

Using a phenomenological research approach, I was able to interview two professionals who were involved in the administration of Ketamine Assisted Psychotherapy (KAP) in a rural and remote context. These professionals hold designations as a Medical Doctor (MD) and a psychotherapist. These practitioners were involved in providing KAP treatments for approximately twelve months and treated between 40-50 patients. The interviews were semi-structured, and I used a prepared list of questions to informally guide them. The questions were used to prompt reflection from the interviewees and opportunities were given for ideas and stories to be explored and expanded upon throughout the interview. Interviews lasted approximately 30-90 minutes. One was conducted in the home of one interviewee and the other in an office space available to me. Interviews were audio recorded and transcribed. Participants read and signed consent forms and received information outlining the study's intention prior to the interview. For the purposes of maintaining the confidentiality of the research participants their names will not be used, their gender identities will not be disclosed, and the community in which they conducted these treatments will not be named. Direct quotations will be used as appropriate and any identifying information will be altered.

There is a structure to this thesis that was created primarily out of both academic necessity and a personal desire for clarity. However, it does not follow the format of a traditional human subject research paper. In considering how to best present the information

gathered in my interviews, two major themes emerged: the needs of the client and the needs of the practitioner when conducting psychedelic assisted psychotherapy in a rural and remote context. Not unlike the experimental nature of the subject that is being studied here, the writing of a thesis is exploratory for me and I found myself inspired and delighted to take some creative licence with its form. I hope that what you will find here is an academically rigorous paper interspersed with some of my personal musings about what I have discovered through the wisdom of those who started this journey before me.

### **Ethics**

A quick note on ethics. The human subject research discussed in this thesis was conducted following approval from the City University of Seattle Institutional Review Board (IRB). This process included obtaining the explicit prior and informed consent of the interviewees. The author received no funding from any agency in the public, commercial, or not-for-profit sectors. The author declares no conflict of interest.

### **A Brief History of Psychedelic Assisted Psychotherapy**

What we are beginning to study, here on this frontier where science and the sacred are meeting, truly is profound in its magnitude, its vivid intensity, and its potential relevance. (Richards, 2017, p.326)

The term psychedelic is a combination of the Greek words psyche, meaning “soul”, and deloun, meaning “to make visible, to reveal” (Harris & Goodwin, 2017, p.2106). When combined, these two words offer a powerful suggestion of the “mind-revealing” powers substances which fall in this category may provide to those who choose to use them. Psychedelic substances are best characterized as drugs that are “capable of reliably bringing

about states of altered perception, thought, and feeling that are not usually experienced, besides in dreams or during religious exaltation” (Eley, 2017, p.2). Common psychedelic substances can include dimethyltryptamine (DMT—found in ayahuasca), lysergic acid diethylamide (LSD), mescaline (found in peyote), and psilocybin (“magic mushrooms”). Psychedelic drugs also come in a variety of forms. “Classic psychedelics”, including LSD, DMT, psilocybin, and mescaline, act as agonists at the 5-HT receptor and are often found in fungi or plants. These substances have been used for millennia in the spiritual healing practices of Indigenous cultures around the world. “Entactogens”, a term coined by chemist David Nichols, including the substance MDMA (3,4-methylene-dioxymethamphetamine), act as a primary serotonin-releasing agent and have effects that are distinct from classic psychedelics. Other substances that can be classified as psychedelic include ketamine (a dissociative anesthetic), scopolamine (an anticholinergic), and ibogaine (a complex neuro-pharmacological substance) (Tupper et al., 2015, p.1054).

Plant-based psychedelics have been used throughout human history for holistic healing. To this day, plant medicine ceremonies remain primary healing spaces in Indigenous cultures around the world. However, the link between psychedelic healing and Western medicine is much more recent. In effect, it can be traced back to the 1950s when LSD became known as a tool that could be used to better understand the workings of the human brain. The research conducted on LSD at this time was a catalyst to the start of a boom of research into the benefits of psychedelic assisted therapies. These therapies utilize “the acute psychological effects of psychedelic, or hallucinogenic, drugs to enhance the normal mechanisms of psychotherapy” (Krupitsky et al., 2007, p.13). The time period between the 1950s to the mid-1960s saw the

publication of several books, six international conferences on the subject, and over 1,000 clinical papers published detailing the experiences of some 40,000 patients who had been supported through psychedelic assisted therapy (Phelps, 2017, p.451; Harris & Goodwin, 2017, p.2105). During this time, promising studies indicated efficacy for the use of psychedelics in the treatment of concerns such as mood disorders and alcoholism (Harris & Goodwin, 2017, p.2106). In fact, a meta-analysis of 19 studies using psychedelics in the treatment of mood disorders between 1949 and 1973 observed that 79% of those treated showed “clinically judged improvement” after experiencing treatments of this kind (Carhart-Harris & Goodwin, 2017, p.2106). While these historical studies lacked the rigor of the standardized diagnostic techniques, measures of symptom severity, and lack of randomization and control conditions found in contemporary research, their findings did not lack significance. These studies continue to contribute meaningfully to the body of knowledge that informs current research being done into the use of psychedelics in psychotherapy.

Starting in the mid-1960s, popular and counterculture movements increasingly embraced psychedelics for recreational use and their social impact began to spread to larger parts of society. This widespread use of psychedelics was deemed unmanageable by the federal government and in 1970 President Nixon signed the Controlled Substances Act, effectively making many psychedelics substances illegal for use both recreationally and therapeutically (Phelps, 2017, p.453). Despite this, in the mid-1970s MDMA was introduced to the therapeutic world and was heralded as a groundbreaking substance that was known to enhance creativity, empathy, and team building. By 1985, however, this substance too was deemed a controlled substance and placed on Schedule 1 status (Phelps, 2017, p.453).

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In 1986 the Multidisciplinary Association of Psychedelic Studies (MAPS) was founded by Rick Doblin and in 1993 the Heffter Research Institute was cofounded by David Nichols, George Greer, Dennis McKenna, Mark Geyer, and Charles Grob. Both of these groups were founded with the purpose of advancing studies on the therapeutic use of psychedelics (Phelps, 2017, p.453). In the early 1990s, both the National Institute on Drug Abuse and the Food and Drug Administration (FDA) recommended psychedelic research could be resumed, provided it was “subject to the same regulations that the FDA used to review research with all other drugs” (Phelps, 2017, p.453). Both MAPS and the Heffter Institute took up this research, focusing on clinical trials of substances that appeared to have the greatest efficacy and the fewest negative cultural associations (Tupper et al., 2015). MAPS chose to focus on the therapeutic use of MDMA to treat PTSD and the Heffter Institute chose to focus on the therapeutic use of psilocybin to treat anxiety in patients with advanced-stage cancer (Phelps, 2017, p.453). Both of these organizations continue this important work to the present day and have been instrumental in reinvigorating the global discussion around psychedelic assisted psychotherapy.

Despite the ups and downs of psychedelic research in the West since the 1950s, both early and recent research indicate that psychedelic assisted psychotherapy holds promise in the treatment of various areas of mental health (Harris & Goodwin, 2017, p.2106). Of particular note, Erritzoe and Richards (2017) state that even single sessions of psychedelic assisted therapy have been shown to have effects lasting long beyond the pharmacological effects of the substances themselves (p.487). As will be discussed later in this chapter, these lasting effects seem to be related to feelings of connection and openness that are facilitated by the psychedelic experience and indicate an intriguing potential paradigm shift away from

conventional pharmacological treatment. Additionally, recent clinical studies have shown that rigorous ethical, scientific, and safety standards can be applied to research on the therapeutic properties of psychedelics with great success (Tupper et al., 2015, p.1057). These research findings indicate the need to move past any misconceptions about the checkered past of the psychedelic research and move towards the increased funding of research into these valuable therapeutic tools.

### **Ketamine Assisted Psychotherapy**

As the interviewees for this thesis utilized ketamine in their work, it feels important to offer a more in-depth discussion of the therapeutic uses of this specific substance here. Ketamine is a substance that has traditionally been used for anesthesia in a medical setting and as a recreational substance. It is classified as a rapid-acting non-barbiturate dissociative anesthetic and is known to produce a state characterized by analgesia, or the inability to feel pain (Dakwar et al., 2017, p.76; Zhang, Harris, & Ho, 2016, p.2). It has been used medically as an anesthetic during surgical and diagnostic procedures and on the battlefield (Zang, Harris, & Ho, 2016, p.2) and is also used as a “club drug” which is primarily snorted or injected if used recreationally. It is associated with perceptual changes, dissociation, and hallucinatory effects when taken in high doses. At low doses it “can cause euphoria, sensory distortions, impairments in set-shifting, and heightened feelings of empathy” (Zhang, Harris, & Ho, 2016, p.2). The recent resurgence of interest in psychedelic assisted psychotherapy has seen ketamine become recognized for its potential within this realm and it is rapidly becoming one of the most studied psychedelic substances (Schenberg, 2018, p.2).

Ketamine has been noted to be useful in the context of psychedelic assisted psychotherapy when participants are given sub-anesthetic doses. Participants who have undergone Ketamine Assisted Psychotherapy (KAP) have noted that it produces a profound and transformative experience that seems to share many of the same elements as near-death experiences. "Previous studies have found that this experience often causes important insights about the self and the world and can help people accept a new meaning in life, new values, and new purpose in life" (Krupitsky et al., 2007, p.13). Fitzpatrick and Morrow (2017) suggest that this change results from a shift in stimulus-driven responses to goal-directed cognitive control (p.73). Additionally, ketamine has been found to be an effective treatment in encouraging abstinence from problematic substances in people with concerns with opiates, cocaine, and alcohol (Krupitsky et al., 2007, p.13). It is often used in combination with opiates when treating pain and it has been proven to reduce pain, nausea, vomiting, and morphine consumption (Ettensohn, Markey, & Levine, 2018, p.182). Recent research also indicates that as little as a single intravenous infusion can provide rapid relief from symptoms of depression and anxiety, peaking in therapeutic intensity within 24-72 hours (Dakwar et al., 2017, p.76). As multiple clinical studies demonstrate the efficacy of the therapeutic use of the ketamine in the treatment of several disorders, it is increasingly becoming a treatment option of interest to both patients and health care providers.

These encouraging research findings were echoed by the MD and psychotherapist interviewed for this thesis. Interviewees reflected many positive perceived outcomes for the patients that accessed KAP in their clinic, including patients who were able to come off of their opiate medications after reporting they had resolved their chronic pain symptoms.

Interviewees also reported that some patients chose to taper off of their antidepressants after receiving KAP because they felt their concerns with emotion management were largely controlled. While this KAP clinic is not currently operational, both interviewees noted that they have sustained contact with some patients through alternative professional services and both reported that their anecdotal perception is that these patients seem to use less medications, need less medication injections, and seem to have resolved much of their underlying trauma.

At the time of writing this thesis, ketamine is the only legally available psychedelic medication (Dore et al., 2019, p.189). However, it has not been approved by the College of Physicians and Surgeons of British Columbia to be used by physicians off-label for therapeutic use. Chapter four will provide more details about what steps are being taken to shift this within the province of British Columbia, where this research took place, but it is worth noting here simply to indicate that while research is showing positive outcomes for people who have accessed this treatment, this is not a treatment that is currently widely available. In British Columbia several hospitals now offer KAP in the treatment of certain disorders, but to the knowledge of the interviewees for this thesis, their clinic was the only one to offer these treatments in a community-based rural and remote setting. As KAP is still an experimental intervention, best practice protocols have not yet been established and administration, dose levels, and routes of delivery vary greatly (Schenberg, 2018, p.2). Interviewees for this paper reported that KAP is primarily offered intravenously, intramuscularly, and in sublingual/oral dosages. Their clinic offered both intramuscular and in oral routes of administration. It is hoped that with more research these important details will be clarified and patients will be offered a

more consistent experience when undertaking KAP treatments, regardless of their physical location.

### **Healing with Psychedelic Assisted Psychotherapy**

It is clear that there indeed is a multidimensional “Cartography of Inner Space” with many discrete alternative forms of consciousness. They seem to form a continuum that is influenced by dosage, by personality structure and the capacity to relinquish ego-control, and by the growing edge of a person’s unique personal and spiritual development. Simply expressed, the continuum begins with mild alterations of perception, may deepen to unravel the psychodynamics of personal life, may deepen further to invite participation in visionary or archetypal dramas—the realm of mythology as presented by Joseph Campbell and Carl Jung, and may deepen even further into transcendental realms of awareness in which the everyday self, or ego, is encompassed into unitive—mystical dimensions of mind that usually are experienced as profoundly sacred and eternal. (Richards, 2017, p.327)

Despite an increase in recent research, it would seem that we have only just started to deepen our understanding of the use of psychedelics in psychotherapy. These substances have the potential to become tools that completely restructure the way we, as therapists, approach and understand psychological wellness. Research subjects have reported increased mood, access to alternative states of consciousness, and significant insights which relate directly to the human needs for meaning, connection, and purpose (Else, 2017, p.5). The implications of this are profound and inspiring, but to best use these tools we need to explore what it is about

these substances that offers opportunities for such profound personal transformation and healing.

To begin to understand the effectiveness of psychedelics, we must first understand their effects. As has already been indicated earlier in this chapter, psychedelics are used to induce an altered state of consciousness. This state is often described as dreamlike and can include intense emotions, changes in cognition and thinking, and changes in sensory perception (Grof, 2012). The acute psychedelic experience can include “a sense of unity (e.g. merging with the universe, the sense that all things are one), ineffability (being unable to fully describe the experience in words), a deep positive mood, a sense of sacredness or awe, transcendence of time and space, and a noetic quality (a feeling of revelation or intuitive understanding)” (Eley, 2017, p.2). These effects often do not appear to correlate to the “real world” experiences of research subjects and can call into question normative ways of understanding “reality”, self-perception, and orientation of self in the world (Richards, 2017, p.327). In the “afterglow” of a psychedelic experience, research participants often describe the experience of feeling less burdened by previous concerns and noticing an elevation in their mood (Eley, 2017, p.2).

There are several primary effects of psychedelics that seem to lend them to therapeutic efficacy. Psychedelics offer themselves as valuable catalysts in creating cooperative engagement in the therapeutic relationship and “by enhancing the identification of and response to emotional states” (Thal & Lommen, 2018, p.2). As the quality of the therapeutic relationship has been recognized as being a definitive factor in therapeutic outcomes, this outcome of psychedelic assisted psychotherapy is particularly worth noting (Ohehen et al., 2013, p.41). Additionally, a valuable component of the psychedelic experience is a phenomenon

that has been termed ego-death, ego-disintegration, or ego-dissolution. This experience can be understood as the dissolution of the distinctions between self-representation and objective-representation and is sometimes experienced as death or dying. This loss of self has been identified as a cardinal component of a “mystical experience” and, dependent on whether this experience is welcomed or fought against, is noted to offer effects ranging from a blissful feeling of spiritual connection with one’s surroundings to extreme fear (Nour et al., 2016). If a person is able to surrender to this experience, therapeutic impact and perspective may be gained through the death and rebirth of one’s ego and the resulting profound visionary, archetypal, and mystical experiences this transformation can provide (Richards, 2017, p.330). Indeed, meaningful spiritual experiences, ego dissolution, embodiment, catharsis, visions, and altered perception of priorities have all been listed as components of the psychedelic experience that are correlated with success in therapy (Hartogsohn, 2018). Through these components and the enhancement of the therapeutic relationship, it is hard to deny the potential therapeutic impact of these psychedelic experiences.

Research indicates that psychedelic assisted psychotherapy offers subjects an opportunity to heal wounds that underly many concerns with mental health, trauma, and social isolation. Psychedelics have commonly been described as magnifiers, amplifiers, and augmenters of consciousness and their widely understood role as “mind-manifesting” or “mind-revealing” substances indicate their potential value as a clinical tool (Hartogsohn, 2018). However, despite the re-emergence of research on the therapeutic efficacy of psychedelics and our objective understanding of the effects of the psychedelic experience, it is important to note that very little is known about the mechanisms of action that cause their effects. It has been

hypothesized that changes in default mode network functional connectivity, the area of the brain thought to support metacognitive processes such as self-reflection and thinking about one's past and future, at a neurological level may play an important role, but we are still lacking an in depth understanding of the cause of psychological effects (Hendricks, 2018, p.331; Eley, 2017, p.2). This is certainly an area that necessitates further research.

### **Why Psychedelic Assisted Therapy Appeals to Me**

My own journey with psychedelics began when I was a teenager. I grew up in a town where the use of substances is normalized, anecdotally to a greater extent than anywhere else in Canada that I have lived. Yes, substance use is everywhere, but the cannabis trade was (and continues to be) an integral part of the economy of my hometown. With this came a counterculture that embraces the use of substances, and indeed often views substances as a positive, spiritual addition to the beauty of daily life. For myself, my forays into psychedelic exploration were primarily facilitated by becoming an active participant in the local rave culture when in my late teens. While this relationship to substance use didn't always feel healthy in my early years, it has provided me with a balanced perspective on both the benefits and harms of recreational substance use and has served to inform my work over the past eight years in the field of addictions.

When I began a Masters of Counselling, I did so with the knowledge that psychedelic assisted therapies were a therapeutic tool I wished to explore in depth. Recent publications such as Michael Pollan's 2018 book "How to Change Your Mind" have made investigating the benefits of the therapeutic use of psychedelics palatable to a mainstream audience. Exciting research being conducted on the therapeutic use of substances from MDMA to psilocybin to

ketamine means that we may soon see the legal use of many psychedelics in the context of therapy. All of this contributes to a feeling of forward momentum around psychedelic assisted therapies that leaves me feeling inspired and hopeful that as my therapeutic practice develops in the coming years, I may be able to use psychedelics as one of the tools I employ in my therapeutic toolbox.

While my early experiences with psychedelics may not necessarily have been conducted with a mind to the potential therapeutic benefits of such practices, they did give me the opportunity to experience the power offered through these mediums to open one's mind to alternative ways of seeing the world and understanding life. After a prolonged period of abstinence from most mind-altering substances, I have in recent years begun to re-integrate psychedelics into my healing journey. Through this, I have experienced first-hand the mind-altering shift in perspective that can accompany the intentional, supported use of psychedelics for these purposes. These experiences, combined with recent positive research outcomes, have further supported my desire to learn more about psychedelic assisted therapies and utilize these tools in my future practice.

### **The Rural and Remote Context**

Offering psychedelic assisted psychotherapy in a rural and remote context has not been the subject of much study to date. A search of the relevant literature yielded no research on this subject that I could find. This gap in literature indicates that the focus of research on psychedelic assisted psychotherapy has, to date, been conducted within an urban environment. However, given the sprawling geography of Canada and the rural context many Canadians live in, it seems to be amiss not to explore the needs of rural communities in providing these

treatments. This type of research could offer opportunities to provide rural citizens with these potentially life-altering treatments within an ethically sound and intentionally composed framework that takes into account the specific contextual needs of both clients and practitioners. While this thesis endeavors to begin to start this conversation, it is abundantly clear that much more research is needed to create specific guidelines for the use of psychedelic assisted psychotherapies in a rural and remote context.

As I am resident of a rural town in the interior of British Columbia, and as I am someone who wishes to use psychedelic assisted psychotherapy in my future practice, what I have researched here is highly relevant to the context of my personal interests. What follows is a discussion of the challenges and benefits of providing experimental psychedelic treatments in a rural and remote context as experienced by professionals interviewed for my research. I have summarized this information based on their feedback.

### **The Challenges**

The interviewees offered several important reflections on the challenges of offering KAP in a rural context. One of the primary challenges noted by both was the restricted availability of both qualified and interested professionals. The interviewees noted that current guidelines from the College of Physicians and Surgeons for the intravenous administration of ketamine requires that an anesthesiologist and a nurse be present. Within a rural and remote context, it would undoubtedly be challenging to find two such professionals that could be available for these procedures and this limits the availability of treatment for the local population. While the clinic which the interviewees worked administered KAP either orally or intramuscularly, not intravenously, they stated that greater flexibility from the College in who can conduct

treatments and routes of administration is needed for KAP to be successful in a rural context.

A second challenge that was noted by both interviewees is issues with professional privacy and patient confidentiality in a small town. In a rural environment, it is likely that professionals of all disciplines will encounter their clients in the greater community. What was reflected in my interviews is the unique reputation that comes with offering experimental psychedelic treatments in this context. “You get to be known as the ‘ketamine doctor’ and that can be a challenge in a small town. There’s a lack of anonymity and people can be judgemental that you’re doing different things” the MD interviewed stated to me. While neither interviewee reported that they experienced public backlash while in the community, professionals are certainly more vulnerable to being singled out for judgement in a rural context. Concerns were expressed that because of the experimental nature of the treatments, a negative community response could result in everyone involved in the clinic being ostracised, particularly if a major medical concern was to take place. Additionally, the therapist interviewed noted that there were rumours circulating that one could attend this clinic to “get high”. However, it was noted that the cost and lengthy screening process associated with KAP certainly serves to reduce the likelihood that someone would seek treatment for this reason.

A third challenge that was noted by both interviewees was the barriers presented by the physical geography of living rurally. It was indicated that travel in winter and harsh weather conditions can make it hard for clients to attend scheduled sessions or to return home safely. Additionally, clients of this clinic were asked not to drive after receiving the treatment and for this reason those living outside of walking distance of the clinic would either be required to arrange a ride or find a location to stay until cleared to drive. This clinic also saw clients coming

from across British Columbia and Alberta and those coming from great distances faced a unique set of barriers. For these clients, time became a concern and it was noted that this could constrain the number and type of sessions offered to an individual and the opportunities for integration after the treatments. The psychotherapist who was interviewed reported that they felt it was vital that someone needing to leave town prior to having integration sessions would be connected with a counsellor in their home community who could provide this.

### **The Benefits**

Along with the barriers, the interviewees noted several benefits to providing KAP in a rural context. They both expressed a strong belief that people should be able to access treatment in or near their home community and that they should not have to travel to an urban centre to seek support for their mental health. The MD interviewed was firm in expressing the belief that there is no medical reason that these treatments should only be offered in urban centres. It was noted that while the treatments are costly, it adds significant financial burden when clients must also pay for a hotel and take significant time off of work to seek treatment outside of their home community. It was also noted that the community-based way in which this clinic was able to offer treatment provided opportunities for people from various socio-economic backgrounds to access it.

Both interviewees also noted that they received widespread support for offering KAP in a rural context from both local and provincial colleagues. They noted that colleagues were intrigued by this model and that a presentation that was conducted for practitioners local to the clinic was extremely well attended by medical professionals and therapists from both private practice and local agencies/government. It was noted that not all local practitioners

were supportive of the idea of KAP, but that ultimately the clinic was unable to keep up with the demand from patients looking to access the treatment. The therapist who was interviewed noted that people were seeking out this treatment in a way they have not encountered within their private therapy practice before. Additionally, both interviewees expressed that it felt important to be part of something that has not traditionally been done in this context but was offering excellent outcomes to the people who accessed it.

The final benefit that was noted for offering KAP in a rural context was the accessibility of natural beauty. As noted above, psychedelic assisted psychotherapies can offer the opportunity for clients to experience a connection to the healing properties of the natural world and offering KAP in a rural context allowed clients to find this connection after experiencing the treatments. It was noted that KAP sessions can leave people feeling vulnerable and that access to nature and quiet can be vital to people's sense of healing and peace. While this can be accomplished in certain urban environments, it is certainly not as easy as it is in a rural context.

Drawing on the themes shared by the participants of this study and relevant outside research, the following chapters will discuss in greater detail what both clients and therapists might need to have safe, ethical, and transformative psychedelic assisted therapy experiences in a community-based clinic settings in a rural and remote context.

## Chapter 2: The Needs of the Client

While conducting my research for this thesis, several themes emerged relating to the needs of the client while receiving psychedelic assisted psychotherapy. What became most clear to me while listening to my interviewees speak, was the importance of safety, first and foremost, for clients who are embarking on this type of journey. When I speak of safety here, I am talking about not only the physical aspects of safety related to undergoing experimental treatment, but also to the nuances of emotional safety that include a client's understanding of their self-perception, the ways in which they feel safe with those providing the treatment, and ultimately, the safety they feel in trusting that this experience will bring them healing. Safety is at the root of all daring new experiences and it is beholden to us, as therapists, to offer a space where clients can feel that their emotional, physical, and spiritual safety will be treated with tenderness and care.

I was struck when conducting these interviews with the importance of a physical space that is therapeutic in nature. I will speak more to set and setting later in this chapter, but it strikes me that throughout recent history the medicalization of therapeutic processes has changed the way we understand the importance of physical space. This leads me to question the current form of KAP being administered in hospitals, intravenously, with a team of medical professionals at the ready. How does this particular style of psychedelic assisted therapy change the outcomes for the people who received it? The community clinic model that was offered by the interviewees of this thesis offers one possibility that seems to have created a supportive environment for the clients who accessed services there. This chapter will further explore themes that resulted from my interviews around the perceived needs of the clients

who received treatment at this clinic.

### **Perceived Outcomes**

While the structure of this thesis did not allow me to interview the actual patients of the clinic, the insights of the two professionals interviewed offer valuable information about the outcomes that they perceived for clients. KAP treatments in the context of this clinic were reportedly used primarily to treat chronic pain, trauma, and depression. Two screening tools were used at intake to create a baseline for symptoms of anxiety and depression in patients of the clinic: the GAD-7 and the PHQ-9. It was reported that the intention was to administer these tools at one week, one month, three months, and six months after treatment. Additionally, it was noted that some participants accessed KAP treatment in a condensed time period, such as those living outside of the immediate area, and that others accessed it on a regular schedule of once a month to once every three months.

Both interviewees expressed that their impression of client outcomes using KAP, based on client feedback and observed changes over time, was overwhelmingly positive. It was reported that the majority of patients showed dramatic changes in their symptoms, including reports that patients felt they had processed underlying trauma and had a reduction in physical pain. Depression symptoms also seem to have been alleviated by a single treatment, although this seemed to be a short acting relief and patients reported needing to return for follow up treatments to obtain more lasting effects. It was noted that most clients reported feeling that KAP made a huge difference in the management of their symptoms and that they wished to keep returning. It was stated that this desire to return did not seem to be indicative of a developing dependence or addiction to the medication. Patients also appeared to see a

reduction in the need the treatments overtime which may indicate positive lasting changes in symptoms.

Both the psychotherapist and the MD interviewed stated unequivocally that their impression of KAP was that it is invaluable as a therapeutic tool. They both reported that their perception was that change occurred at a much faster pace through the use of KAP than it might have through standard medications and long-term psychotherapy. It was reflected that it provided clients with another therapeutic lens or perspective through which to perceive their experiences or situation. When asked about moments that stood out to them, the psychotherapist relayed stories about when clients would “return to the room” at the conclusion of the ketamine experience. The therapist spoke about how inspiring it was to see people coming back “Their face is lit up and alive, eyes are sparkling.” The therapist spoke about one client who kept repeating “This is perfect” while under the effects of ketamine. They expressed how meaningful it was to witness clients leave their suffering behind and emerge feeling with renewed hope for life. Another notable experience the therapist spoke about was facilitating a KAP group for women. The therapist stated that through this experience, these previously socially isolated women were able to develop deep bonds and support each other within their shared experiences. The overwhelming feeling was that people exited their KAP experiences feeling “Vulnerable and held and loved”.

On a personal level, I was quite impacted by hearing these stories. I could feel a somatic experience of the energy held by the therapist as we spoke in the interview. I very much had the sense that they are carrying the stories of these clients in a very real way and that the relief felt by their clients through the KAP process held tangible meaning for the therapist as well.

This holds an impact for me on an emotional level because I know what it feels like to walk around holding pieces of the stories of others and wanting so badly to be able to offer them relief. I exited this interview feeling both inspired and grateful to be able to now hold a little bit of these stories as well. I also left feeling hopeful that as a society we will be able to move away from the moralized stigma associated with the use of psychedelic substances so that we can utilize these tools openly in the pursuit of healing. I am encouraged that we are moving in that direction and I hope that we continue to do so.

### **Ketamine Assisted Psychotherapy and Chronic Pain**

The effects of KAP on treating chronic pain was a concept that was new to me prior to undertaking this research and so it feels necessary to make a note about it here. The reason for this form of treatment being effective was explained to me by the MD I interviewed. The MD stated that the reason KAP is effective in this instance is linked to both the physical and psychological components of pain. They stated that often it is the psychological component that is more important to treat as experiences of trauma get “stuck” in the body tissues and set up a pattern that is hard to break with interventions and medications. KAP, they reported, can break this pattern within the body and once a client has been able to process their trauma, they are able to let go of their pain.

This observed link between emotional and cognitive trauma resolution and a reduction in body-based pain symptoms seems to be supported by research into the linkages between diagnosis of Post Traumatic Stress Disorder (PTSD) and chronic pain symptoms. Research indicates that as many as one half to three quarters of patients seeking support for PTSD have comorbid chronic pain concerns and it is possible that this high co-prevalence indicates the

presence of shared pathophysiological processes underlying both disorders (Scioli-Salter et al., 2015, p.363; Sharp, 2004, p.114; Fishbain et al., 2017). It is also possible that one reason we see so many comorbidities in these two conditions is that “Pain may trigger memories of a traumatic event, or reminders of a traumatic event may activate sensory reexperiencing symptoms that include pain, or intensify new pain experiences” (Scioli-Salter et al., 2015, p.363). Whatever the connection, it could be inferred from this research that treating underlying PTSD or trauma symptoms might offer an opportunity for reduction in chronic pain symptoms. Indeed, we might assume that given this body of evidence it is imperative that we begin to treat chronic pain and PTSD simultaneously (Scioli-Salter et al., 2015, p.372). While it is outside of the scope of this thesis to explore this topic further, it is interesting to note that there may be efficacy for the use of KAP or other psychedelic assisted therapies in offering this kind of treatment to clients. Further research on this topic is certainly needed.

### **Client Characteristics and Personal Experience**

The personal experiences and demographics of clients can have an impact on their experience of all forms of therapy, but this might be particularly true in the case of psychedelic assisted psychotherapy. Due to the fact that potential health risks for most psychedelic substances can include psychotic breaks in patients with a predisposition to these disorders, participation in contemporary psychedelic research is usually restricted for those who have a personal or family history of psychosis or bipolar disorder (Tupper et al., 2015, p.1057). In response to this risk, the interviewees for this thesis described the comprehensive assessment and screening process they utilized to screen potential patients for the clinic. This assessment process included a two-hour physical and medical screening with the MD and a lengthy

assessment for history of addiction and mental health concerns with the psychotherapist. The mental health assessment included screening for potential clients with experiences of psychosis or bi-polar disorder and while the clinic did not screen people out with a history of addiction, they were wary about not creating a further substance use dependency in potential clients. Additionally, potential patients were assessed for mental health history, including severe and persistent depression, previous diagnosis, timeline of mental health events, and past experience with psychedelics, including cannabis. It was noted that for those without experiences of psychedelics, it can be beneficial to start with a smaller dose of medication while administering psychedelic assisted psychotherapy and increase the dose over time. Further commentary on the experiences of people with previous experiences of psychedelics will follow in this section.

Because of the experimental nature of KAP, I was curious to know more about the demographic of clients that accessed treatment at this clinic. The interviewees reported to me that they saw people from a variety of backgrounds. They stated that there was an even split in terms of gender orientations and that ages of clients ranged from one person in their late teens to people in their 70s. This clinic offered sliding scale options for clients to pay for treatments which allowed them to see clients from a variety of socioeconomic backgrounds. However, it was noted that clients with higher socioeconomic status (SES) were more likely to be able to take time off of work to receive the treatments and that this meant that the clinic saw more people from this group than from groups with lower SES. Both interviewees stated that these demographic differences didn't appear to make a significant difference in the perceived outcomes for each client, although it was noted that younger adults appeared to find the process of "letting go" during KAP more challenging. It was also noted that people who

experienced struggles with agoraphobia found it more difficult to build a therapeutic relationship with the therapist and struggled more with accessing some of the supports offered, such as therapeutic touch of the feet while under the effects of ketamine.

I was particularly curious about whether there were perceived differences for individuals who had prior experience with taking psychedelics, either recreationally or therapeutically. The interviewees reported that anecdotally, it appeared that people who had some past experience with psychedelics may have been more open to the experience. However, it was noted that this did not seem to have a significant bearing on how someone experienced the treatments or was able to integrate them in therapy afterwards. It was noted that the effects of ketamine, particularly when given intramuscularly, can occur rapidly and that it can be challenging for people to “let go” and allow the experience to happen. The interviewees explained to me that the process of “letting go” can be scary as it can feel as if an individual is dying or losing their identity. Fear can come up when someone tries to resist this experience and it appeared that for those who had some previous exposure to psychedelics, this process was easier to relax into. However, it was also noted that those clients who had previous experience all noted that their experience of KAP was different from recreational drug use. They noted that it felt different because they were seeking healing from suffering and so their emotional and cognitive process was coming from a different place.

Both broader research and the experience of the interviewees in offering KAP suggest that other than the qualifiers listed above, there doesn't seem to be a definitive idea about who the “right” client population might be for psychedelic assisted psychotherapy. It is possible that psychedelics offer the opportunity for ground-breaking treatment in psychiatric disorders and

that they may also be used successfully to enhance the mental health and resilience of individuals who are not experiencing a mental health crisis (Carhart-Harris & Goodwin, 2017, p.2110). As further research is developed and the efficacy of various forms of psychedelic assisted therapy continues to be explored, it will be important to follow closely the impacts of client demographics and personal experience in the success of experimental interventions.

### **Set and Setting**

Set and Setting are understood to be some of the most critical components of the client's experience during psychedelic assisted psychotherapy. As Richards (2017) writes, "It is now understood that the promise of psychedelic substances in accelerating psychotherapy and spiritual growth is not a simple biochemical response independent of set and setting" (p.328). As this quote indicates, it is of great importance that anyone engaging in offering psychedelic assisted psychotherapy understands and attends to set and setting within their sessions. As increasingly research indicates that the psychedelic experience is exceptionally sensitive to context, it is incumbent upon those wishing to offer psychedelic assisted psychotherapy to appreciate that ignoring this information may lead to the potentially harmful application of psychedelics (Carhart-Harris et al., 2018, p.272). In fact, Hartogsohn (2016) reports that it has been shown that non-pharmacological factors, including set and setting, are responsible for a significant portion of the drugs' effectiveness (p.1259). Through changes in context, the same drug can provide experiences of anxiety or relaxation, fear or joy, and isolation or intimacy. All of this evidence strongly indicates that the psychedelic experience does not happen independently of environment; indeed, the environment contributes exponentially to the psychedelic experience (Tupper et al., 2015, p.1054).

It is, of course, important to understand what set and setting are so that they can be attended to. Set in this instance refers to the psychological expectations of the session. This is comprised of the client's expectations and intentions, the therapist's understanding of psychedelic assisted psychotherapy, and the therapeutic techniques used. Setting refers to the context or the physical environment of the session. This includes the location, the décor, and the physical resources available in the clinical setting. This can include implicit and explicit priming, such as carefully selected music, low lighting, personal items, and the use of blankets, pillows, mattresses, or other comfort items (Carhart-Harris et al., 2018).

During interviews, both the MD and the psychotherapist emphasized the importance of set and setting in their clinic. Both felt that it is important to conduct psychedelic assisted psychotherapy outside of a medicalized, hospital setting where possible. The MD discussed the notion that within a medicalized setting the substance is often relied on to "do the work"; whereas, it appears to be more beneficial to use the medication as an adjunct to the therapeutic relationship. In support of this idea, Richards (2017) writes:

Perhaps, psychedelic drugs still may best be understood simply as skeleton keys that, if wisely used, provide access to other realms of human consciousness. The experiences reported, therefore, are not "in the drug," but rather in and through the mind of the person who is experiencing (p.327).

Creating a positive set and setting that understands the context and the therapeutic relationship as more central in the healing process than the drug itself is more challenging to accomplish in a hospital environment where a patient's experience of treatment is bound to be quite medicalized and lacking in therapeutic comforts. For reasons discussed below, a

community-based clinic is better positioned to offer the attention to set and setting that the research indicates is essential to the client's experience.

Within their community-based clinic model, the interviewees spoke at length about the attention they paid to set and setting within their space. Clients were offered a cozy environment with a mattress to lie on and relaxing music to listen to. Interviewees noted the challenges of creating a space that feels homey and still meets medical needs should something go wrong. They stated that the clinic space needs to be comfortable and offer as much natural surroundings as possible, but that it also needs to be close enough to hospital that someone could be easily transported. They further communicated that the space also needs to have the equipment available to take blood pressure and administer anti-anxiety medications, such as Ativan, if needed. It was noted that having a MD on site who is aware of protocols is essential for safety and that all of these factors might make the administration of KAP in a "retreat" type setting a challenge.

This particular clinic also offered the unique feature of both individual and group session formats for clients. The group format was created to allow for a more affordable option for folks who wished to seek treatment and perhaps did not have the financial resources to access individual sessions. These groups included four to six individuals who would have their ketamine dosage tailored to their desired experience. It was noted by the interviewees that these groups offered a unique experience to participants in which people with similar issues who may have otherwise been socially isolated were able to meet and support each other. The interviewees reported that to their knowledge, members of these small groups are still in contact and providing ongoing support to each other.

Another component that was discussed by the psychotherapist in relation to their approach to KAP was to provide clients with the option of therapeutic touch while under the effects of ketamine. They reported that this was an important component of what they felt they were able to offer to their clients and that receiving consent for this prior to the session was of utmost importance. The therapist noted that clients often reflected that when they were in the dissociative ketamine state, they would lose the sense of where and who they were, but that they were often reassured by the sense that they were not alone. The therapist noted that sometimes people would reach out a hand or call for help and that it was important to be there to reassure them that they were safe. They noted that they would often provide therapeutic touch by holding people's feet as they were going through the experience of ketamine as a way to provide comfort. It was reported that sometimes clients would appear to go through an intense moment of feelings of fear when the ketamine would enter their system and they might ask where they were and if they were dying. However, after a few minutes they would mostly be able to "let go" and relax into what was described as a "dream state". The therapist reported that sometimes clients would sing or move while in this state, while others might remain completely still. After approximately 30-60 minutes clients would begin to return to their body and to the treatment room.

The intensity of the experience described above indicates the importance of the creating a space that feels therapeutic and having a clear framework of shared understanding between both the client and the therapist about the intent of the session. The experience of psychedelic assisted psychotherapy can indeed be one of stepping into the unknown. There is a great deal of trust that is needed between the people who are offering the treatment and the people who

are receiving it. The next section will speak to the importance of the therapeutic relationship, but it is important to note that there is also an element of trust that the participant must feel towards the substance and even their own mind. “In preparing volunteers for psychedelic sessions, we emphasize the decision to trust one’s own mind as unconditionally as possible, the intent to be open and receptive, and the courage to approach and confront content that initially may appear frightening” (Richards, 2017, p.329). As this quote illustrates, clients that enter into these forms of experimental treatment must be open to wherever the experience may lead them, and it is important to acknowledge that this in and of itself is a courageous action.

### **The Therapeutic Relationship**

The role of the therapeutic relationship in the experience of a client seeking psychedelic assisted psychotherapy cannot be overemphasized. The therapeutic alliance is known to be a critical component of the experience clients have in all forms of psychotherapy; however, its influence is understood to be greater still in the context of psychedelics (Carhart-Harris et al., 2018, p.727; Tupper et al., 2015, p.1054). Over decades of research, the therapeutic relationship has been cemented as the key agent of change in psychotherapy, regardless of therapeutic approach or modality employed by the therapist (Altimir et al., 2017, p.1511). Edward Bordin is credited as conceptualizing a useful definition of the therapeutic alliance that consists of three interlocking components: “*Bonds* (the affective quality of the client–therapist relationship that includes dimensions such as trust, care, and involvement); *Tasks* (agreement or consensus on the major activities in therapy and the extent to which the client finds them credible); and *Goals* (consensus on the short- and long-term outcome expectations between the therapist and the client)” (Banerjee, & Basu, 2016, p.173). This definition is useful because

it indicates that the therapeutic alliance is co-created by both the therapist and the client. It consists of the feelings that both the client and the therapist experience in relation to each other and how these feelings are expressed verbally, nonverbally, explicitly, or implicitly (Altimir et al., 2017, p.1511).

As is mentioned above, it was indicated by both of the interviewees for this thesis that the medication used in psychedelic assisted psychotherapy should be used as a therapeutic tool, while the therapeutic relationship remains central to the change seen in client outcomes over time. The MD interviewed specifically addressed this and was clear that from their perspective “It’s not the medication, per se, that does the work, it’s the therapeutic relationship between the participant and their therapist.” Because of the trust and safety needed in the administration of psychedelic assisted psychotherapy sessions, it is imperative that time is given to the development of the therapeutic relationship before, during, and after the medication administration. Phelps (2017) quotes Grof (1980) when discussing the importance of trust in the therapeutic relationship:

A good therapeutic relationship helps the patient to let go of psychological defenses, surrender to the experience, and endure the difficult periods of sessions characterized by intense physical and emotional suffering or confusion. The quality of the therapeutic relationship is essential for working through on of the most crucial situations in psychedelic therapy, the crisis of trust. (p.464)

A lengthy assessment period can offer the opportunity for creation of therapeutic trust, as can preparatory sessions with a therapist. The psychotherapist interviewed for this thesis reported that an important part of the assessment from their perspective was that it offered an

opportunity to understand someone's intention and to prepare them for the experience so that they could feel safe. Richards (2017) goes so far as to state that most clients appear to need a minimum of eight hours with their therapist or guide prior to a productive psychedelic session. He writes that through this establishment of the therapeutic relationship "should interpersonal grounding or reassurance be needed during the period of drug-action, the simple warmth of the guide's hand or a few brief words often will suffice to circumvent potential panic and paranoia and to maximize the probability that the content of the session will prove beneficial" (Richards, 2017, p.332). Both assessment and preparatory sessions also offer space for the client and the therapist to create a shared understanding of the objective of the sessions and to discuss any important protocols and/or concerns. Integration and aftercare will be discussed in the following section.

### **Integration and Aftercare**

Integration and aftercare are arguably some of the most important components of psychedelic assisted psychotherapy. Integration therapy sessions are seen as essential because it is the meaning that is made from the psychedelic experience, the way it is analyzed and incorporated into the client's life, that creates change, not the substance itself (Carhart-Harris & Goodwin, 2017, p.2110, Tupper et al., 2015, p.1057). To this end, Richards (2017) writes:

A revelatory experience may provide an initial impetus toward behavior change, apparently more strongly for some persons than for others; however, once one returns to ordinary, everyday consciousness, there is integrative work to be done if the knowledge acquired in the alternate state is to result in personal or spiritual growth instead of remaining simply a memory of an interesting experience that happened one

day—or perhaps a comforting awareness to recall when one discovers oneself on one’s deathbed (p.332).

He goes on to state that it is through this integration process that individuals are able to recognize the insights gained through their experiences and begin to implement changes in attitude and behaviour (Richards, 2017, p.332).

The psychotherapist interviewed for this thesis specifically noted the importance of integration sessions after the KAP experience and noted that their observed outcomes were that the sessions were most effective when combined with integration counselling after the fact. Tupper et al. (2015) note that as research on psychedelics in psychotherapy advances, it will be possible to create further guidelines in screening, safety, and therapeutic protocols (p.1057).

### **Adverse Effects and Dosing**

While the research discussed thus far has indicated largely positive outcomes for clients who undergo psychedelic assisted psychotherapy, it is important to acknowledge that adverse effects do occur within these types of experimental treatments. As with any intervention, it is important to consider any risks associated with its use. Elsy (2017) quotes Griffiths et al. (2008) as summarizing the possible risks of psychedelic assisted psychotherapy as “(1) acute panic, leading to dangerous behavior under the influence of the drug, (2) the manifestation or exacerbation of psychiatric conditions, (3) enduring perceptual disturbances, and (4) the development of an abusive pattern of drug use” (p.5). As is apparent, these risks are not benign and warrant examination and serious consideration before a client is accepted for treatment with psychedelics.

In the interviews conducted for this thesis, the interviewees reported that three of the 40-50 clients seen in their clinic had adverse outcomes. They reported that the first of these clients entered into the treatment with the narrative that nothing would help them. The interviewees stated that this client reported feeling more freedom and more self-compassionate while under the effects of ketamine but did not see lasting effects and therefore did not feel it was valuable. He also experienced ongoing nausea as a result of the treatments. After his third individual treatment, he joined a small treatment group, but being with others added anxiety for him and that, coupled with a faster-acting low-dose injection, caused him to have an experience that necessitated the administration of Ativan to calm him. The second adverse effect reported was a young woman who believed that she was dying while under the effects of ketamine and reported spending her time in the “dream state” with death, which was quite distressing to her. The last adverse reaction occurred during a home administration for a patient who was paralysed. While under the effects of ketamine this patient began to fight and grab items around them. Because this administration did not happen in the controlled environment of the clinic, this caused a risk for both the client and the therapist. In addition to these overt adverse events, it was also noted that the experience of KAP can put clients in such a vulnerable state that they can leave therapy and feel that they have shared too much. This is an important consideration that can be discussed with clients during the preparatory phase of the therapeutic process.

One way to manage adverse effects is to provide the correct dose of the psychedelic substance to the client for the experience they are wishing to have. As is indicated in the section on KAP in Chapter 1, this treatment is still in the experimental phase and as such, best

practice for dose and route of administration are still being established. The primary methods of administration include intravenous injections, intramuscular injections, and oral/sublingual routes. The MD interviewed for this thesis reported that they would determine the dose based on the individual's body weight and their desired effect. They reported that some people were seeking a milder affect so that they could participate in therapy while on the substance, while others desired the experience of dissociation and the psychedelic effects that are associated with this state while on ketamine.

It was noted by the therapist interviewed that their perception was that oral administration was the preferable route from a therapeutic perspective. They noted that they preferred this route because the slower acting effects of this method offered an opportunity to engage in more therapy and integration throughout the session. Being able to tailor dose to the needs of the client and the desired therapeutic outcomes offers an opportunity to mitigate some of the risks associated with psychedelic assisted psychotherapy. Additionally, it is also important to note that the interviewees indicated that having a facilitating therapist who understands trauma and how to manage adverse reactions, as well as medical professional who has knowledge of the process and access to the needed medical response supplies is important in reducing the likelihood of complications during treatment.

### **Chapter 3: The Needs of the Therapist**

While conducting research for this thesis, several themes also emerged about the needs of the therapist in providing psychedelic assisted psychotherapy in a rural and remote context. In considering what I have learned so far, it struck me that much of the emphasis of literature is centred on the needs of the client and while this is absolutely important, the needs of the therapist are equally as important in creating a space that is safe for everyone involved. While interviewing the two professionals for my research, I was impacted by the courage that it takes to offer experimental treatments long before best practices have been established and overall societal support has been garnered. It is a professional and personal risk to offer treatments without the explicit support of one's professional college. And yet, without people pushing the boundaries of what is known, we would struggle to progress. I am not writing this to indicate that I believe that everyone should ignore common practices in favour of radical experimentation, nor am I suggesting that this is what either of my interviewees did, but I do think that it is worth noting the courage that it has taken for therapists, medical professionals, and researchers over the years to see the potential therapeutic efficacy of psychedelics and pursue this path of treatment in the interest of those who might benefit from these treatments, despite being unsupported on many levels.

In my interviews, I asked the therapist why it felt important for them to continue to offer KAP treatments, even with the unknowns and the potential risks involved. I believe that their response stands for itself and speaks to the courage of someone who cares deeply for their clients and wishes to find ways to help them facilitate their own healing. Please note that this response has been edited for clarity.

I was seeing it change people's lives all the time. I still have clients who bring it up as the best they've ever felt. It was life changing for them. And I saw that, I saw it give people hope, I saw it give people a chance at a new life. You know, it didn't change everything and certainly for a lot of people it changed things for them for several months and then they would it wear off, but there was a couple women that I am thinking of that really it was the first and only thing that they ever found that helped them feel well. They had spent their life with trauma, and they spent their life being in pain and suffering. And they started to feel better. They were needing less and less treatments. Initially, they were feeling suicidal and they came in and they felt better. And that would last weeks or months, and the next time it would last a bit longer and a bit longer... I believe that we have to try. When people have been told that they have treatment resistant depression and they have tried everything and nothing works, I feel a sense of responsibility. If I have something that I can offer them, I'm going to offer it to them, even if that's risky for me. The risk for me feels much lighter than for them. For them it feels like life and death.

To me, this response was deeply inspiring and speaks volumes of the importance of this kind of work. This chapter will seek to delve more deeply into the needs of any therapist who seeks to offer psychedelic assisted therapies in a rural and remote context. May we all have the courage to seek opportunities to better the lives of our clients and to create space for vocational fulfillment in the process.

### **Therapist Characteristics and Personal Experience**

With the legalized use of psychedelics in therapy on the horizon, therapists will find

themselves with a broader scope of practice in offering both psychedelic assisted psychotherapy and related research. For this reason, it has become essential that we begin conversations about therapist competencies, characteristics, and training ahead of these developments. In psychedelic research, the role of the therapist is sometimes termed as a “guide”. This reference indicates that the role of the therapist in offering psychedelic assisted psychotherapy is that of an empathic listener who values the knowledge of the client’s inner intelligence and who can guide them back to this knowledge if needed. The therapist creates a space of trust, safety, and encouragement as they guide the client through the phases of psychedelic preparation, the medicine session itself, and through sessions to integrate the psychological knowledge gleaned from both the preparation and the medicine experience (Phelps, 2017, p.460). Insufficiently skilled guidance, Richards (2017) asserts, may well prove harmful to the client (p.328)

When conducting interviews for this thesis, I was curious about the characteristics of professionals who decide to offer experimental psychedelic treatments. As discussed earlier in this document, I entered into my own experiments with psychedelics as a teenager and it is in part through these experiences that I have gained an interest in the use of these substances therapeutically. I have often wondered if therapists are drawn to certain areas of the profession because they in some way fulfill an unmet need of the therapist. Or if, perhaps, we are drawn to areas that give relevance to our own experiences. While there are many greater questions that can be asked here and much more research that needs to be completed, the answers of my interviewees when asked what drew them towards psychedelic medications seems to indicate that there is a level of personal identity that was attached to this kind of work for each of them. Both interviewees identified that they witness gaps in the care that is provided in our health

system and expressed a curiosity in how psychedelic tools might be used to better the lives of their clients. They both also expressed that they are open minded individuals who were eager to explore this new tool that was available to them and who were able to think critically about the stigma associated with psychedelic substance use. The importance of personal experience with psychedelics was explored and both noted that it is advantageous to have first-hand knowledge of these experiences. The MD in particular stated that they see themselves as someone who thinks outside the box and they were drawn to KAP because of it being a novel, cutting edge, and somewhat risky endeavor.

Phelps (2017) offers an excellent analysis of the professional competencies for psychedelic psychotherapists needed in the functional areas of knowledge and understanding; values, attitudes, and dispositions; and skills. He describes six core competencies for anyone wishing to offer psychedelic assisted psychotherapy which I will summarize here.

#### *Competency 1: Empathetic Abiding Presence*

While empathic presence is important in all therapeutic interactions, it has been found to be of particular relevance when providing psychedelic assisted psychotherapy. Phelps (2017) writes that this form of empathy is the cultivation of a “calm, abiding presence during psychedelic therapy... The term ‘abiding’ here is purposely used to convey aspects of a witnessing of the mystery of life in action” (p.461). This is the ability to be present and patient, while offering openness and trust throughout the process (Richards, 2015).

#### *Competency 2: Trust Enhancement*

Phelps (2017) discusses the importance of the therapist’s skill in creating trust in three primary areas: “the volunteer’s view of the therapist as a trustworthy guide; the participant’s

trust in their own inner healing capacity; and the ability to reliably normalize for the participant that paradoxical transformations and radically unexpected moments in sessions are to be expected, and thus trusted as part of the process” (p.463). The ability to create trust in these three areas enables the therapist to best engage the client in making meaning of their lives and healing process.

*Competency 3: Spiritual Intelligence*

In this competency, Phelps (2017) indicates the importance that therapists who are competent in psychedelic assisted psychotherapy have in addition to self-awareness, an awareness of the transcendent connection between humans, all beings, the earth, and our cosmos. This requires knowledge of existential ways of making meaning and comfort with mystical states of consciousness (Phelps, 2017, p.465).

*Competency 4: Knowledge of the Physical and Psychological Effects of Psychedelics*

Phelps (2017) states that psychedelic scholars have noted the need for therapists offering psychedelic assisted psychotherapy to have both theoretical and experiential knowledge of the physical and psychological effects of psychedelics. This can include knowledge of “the anthropology of shamanism; neurobiology, neuropharmacology, and drug dispositions; skills in the creation of safe and artful sets and settings; and optimally, knowledge from subjective, phenomenological experience of personal psychedelic-assisted therapy” (p.466). This competency indicates the importance of therapists seeking knowledge related not only to the current, Westernized use of psychedelics, but also knowledge of the ancient and contemporary Indigenous uses of plant medicine.

*Competency 5: Therapist Self-Awareness and Ethical Integrity*

Phelps (2017) writes that this competency is related to six components of therapist integrity: self-awareness of therapist motives; integrity in boundaries with clients; capacity for developing the therapeutic relationship; knowledge of attachment theories and effects of transference and countertransference; and commitment to personal self-care (p.469). He also notes the importance of the therapist seeking clinical supervision to attend to each of these components within their practice.

*Competency 6: Proficiency in Complementary Techniques*

Phelps (2017) writes that the core of this competency is the skills and knowledge of complimentary techniques a therapist is able to bring into a session of psychedelic-assisted psychotherapy. These tools can include everything from somatic therapy techniques to guided imagery to narrative and expressive arts therapies. Phelps (2017) asserts that it is crucial that a proficient psychedelic therapist offer a varied skill set that can be adaptive to multiple protocols and therapeutic issues (p.472).

As both the research and my personal inquires indicate, there are certain characteristics and competencies that are essential for therapists who wish to offer psychedelic assisted psychotherapy. As we move towards broader legalized use of psychedelics in the therapeutic context, it is also imperative that therapists obtain training that offers them the opportunity to enhance their understanding of these competencies. As these treatments are novel and experimental, it can be assumed that therapists who wish to undertake these types of treatments will encounter personal and professional challenges, particularly within a rural and remote setting where the supports available are more limited than urban centres. What follows is a discussion of the personal and professional challenges reported by the two professionals

interviewed for this thesis.

### **Personal and Professional Challenges**

Both interviewees expressed that they experienced both personal and professional challenges during the time they were involved in providing KAP. Because they each held such distinctive roles within the clinic, I will summarize their reported challenges independent of one another.

The MD interviewed stated that a primary personal challenge for them was related to the cost of the treatment for clients. They expressed a desire to be able to help people under the umbrella of socialized health care, but also noted that they were in the position of having to charge a fee for service. They expressed that it was challenging to find a balance between this conflicting need and their ethics. They also discussed the personal challenges of being known as the “ketamine doctor” within a small town and the lack of anonymity for professionals who are offering experimental treatments in a rural context.

As has been discussed earlier in this paper, presently KAP is primarily administered intravenously in a hospital setting with a medical team available. The MD communicated that they were trying to move away from this medicalized model by offering KAP in a clinically safe, but still comfortable, environment outside of the hospital. However, they expressed that because of this nature of their clinic, they had held concerns throughout the process that they would not receive support from the College of Physicians and Surgeons should there be an adverse event. This was the primary professional challenge that this MD reported, and they indicated that it was this uncertainty that led to the eventual closing of the clinic.

The psychotherapist interviewed stated that a primary personal challenge for them was

a feeling of isolation in doing the work. They noted that the KAP treatments were offered by themselves and the MD and stated that while the MD was present and responsive, they could have benefited from more staff support. They noted that their experience was that it would be preferable to have two therapists in the room during treatment to provide safety for both the client and the therapists during such a vulnerable process. The therapist reported that they did seek their own counselling after one adverse event and that they sought support from a peer supervision group; however, they noted that they might have felt less isolated if they had been more closely connected to other therapists who were doing the same or similar work. They also expressed that finding a balance between making treatments affordable and accessible was an ethical dilemma they experienced.

Professional challenges listed by the psychotherapist included concerns about professional repercussions from their registering college. They stated that they felt unsure that they would be supported by their college if they were injured on the job. They reported that they sought information from their college about whether these treatments fell within their scope of practice but reported that they never received any confirmation of this one way or the other. This caused them to feel that they were taking a risk with their license. Additionally, they stated that they would have liked to have been able to focus the treatments on supporting one specific issue and building their competency in that area. They reported that the demand and the rural context created a situation where they accepted more patients than the therapist felt professionally comfortable with. Similarly to the MD, they also stated concerns with how the community might respond if a major adverse medical event was to take place in the clinic and wondered about whether they would have been supported or ostracised had this occurred.

### **Experiential Training**

While it perhaps often advantageous for therapists to have some personal experience with the therapeutic tools they employ, psychedelic assisted psychotherapy seems to be one area in which it is critical for therapists to have subjective, phenomenological experience with the experience of psychedelics. Carhart-Harris et al. (2018) write that as we move towards the use of psychedelic assisted psychotherapy, standards of clinical practice will need to be developed to maintain client safety (p.726).

Phelps (2017) offers 12 domains that she asserts are foundational for any program hoping to offer training for psychedelic psychotherapists. These domains are designed to enhance the development of the six therapist guide competencies listed in the above section:

1. The history of clinical research and current legal status of psychedelic-assisted therapy
2. Neurobiology, neuropharmacology, drug disposition, and drug interactions
3. Best practices in sets and settings: preparation, psychedelic session, and integration
4. Psychedelics and therapeutic relationships: transference, boundaries, ethics, and self-care
5. Supervised observation of psychedelic session videos
6. Variations in therapeutic models: client-centered and psycholytic psychedelic therapy
7. Complementary therapeutic techniques in psychedelic-assisted therapy
8. Co-therapy methods and interprofessional skills for working on multidisciplinary teams
9. Current models of consciousness, spiritual intelligence, and mystical experiences
10. Ceremonial use of psychedelics in religious and community settings

11. Individual and group clinical supervision during an internship as a psychedelic therapist in FDA-approved clinical trials or expanded access clinical research programs
12. Personal experience of being guided as a research participant in an FDA-approved study (p.474, 475)

As the final domain indicates, in order for therapists to master the competencies needed to provide ethically sound psychotherapy using psychedelics, it is strongly recommended that therapists have personal experience with undergoing psychedelic assisted psychotherapy themselves.

This point was reiterated strongly by both professionals interviewed for this thesis. Both stated that they believe that any professional who offers KAP treatments should have undergone experiential training and that this is indeed an absolutely necessary component of any course offered in this area. They reflected that a professional cannot understand what a client might expect or what they might go through unless that professional has also experienced the treatment. Both the therapist and the MD interviewed had personally taken trainings in which they experienced KAP. They reported that the training they received included two KAP experiences and five days of integration. They both also reported having training in somatic therapy and noted that the MAPS therapist handbook is a recommended resource for anyone interested in conducting therapy using psychedelics.

The therapist interviewed noted that psychedelic assisted psychotherapy is much more personal experience than most current mainstream medical and counselling profession theories and modalities. They reflected that these forms of treatments are exceptionally vulnerable for everyone involved and that it creates a space in which human connection is necessitated over

the separation between professionals and clients. Both interviewees suggested that the creation of longer, more in-depth training than they had available to them will be essential as we move towards increasing the availability of psychedelic assisted therapies.

### **Interdisciplinary Teams**

Psychedelic assisted psychotherapy in the modern context has largely been structured as a tool that requires the support of both therapeutic and medical supports. As such, it is important that therapists who wish to offer this form of therapy become acquainted with the idea of working within interdisciplinary teams. Anecdotally, it appears from the report of both the MD and the psychotherapist interviewed for this thesis that this model works well within a rural and remote community-based setting. Both interviewees spoke of the invaluable role the other played in supporting the clients in their clinic. What follows is a summary of their reported roles and responsibilities.

### **Roles and Responsibilities**

The MD interviewed for this thesis indicated that their primary role in the administration of KAP treatments within the clinic was supervising sessions and conducting intakes. They reported that their portion of the intake involved assessing whether people qualified for treatment and whether potential patients had any contra-indications for taking part in it. The MD would also go through the process of obtaining informed consent with the patient and explaining the risks and benefits of the treatment. They were the team member that determined what dose a client would take and were the one to administer the medication. On the day of treatment, they would make sure the patient was clear on the potential experience of the medication and how it worked. While they were not present for the client going through

the entirety of the ketamine experience, they would also be present at discharge. When asked about how they understood their professional responsibilities in conducting these treatments, the MD stated that they believed their primary role was making sure that everyone was safe; that the environment was safe and contained any potential safety equipment needed; to minimize the potential risks and benefits; to monitor the treatment; and to be present in case of adverse events.

The therapist interviewed for this thesis indicated that they saw their role in the clinic as being the person who would provide the therapeutic environment, create safety, hold people through their KAP experience, and assist them with integrating this experience into therapy afterwards. They spoke about their role as a support to assist people with opening new possibilities and perspectives as they began to make sense of their experience and integrate it into their lives. This therapist reported that a primary therapeutic modality that they use is somatic therapy and they communicated that they utilized the somatic ideas of creating a container within the session to support feelings of safety for participants. They noted that many clients reported being afraid of what might occur during the treatments and so the psychotherapist was able to offer themselves as a person who would be with the clients through the experience so that they would not be alone. They also noted that they were involved in assessment and screening, specifically related to a mental health and addictions assessment. When asked about how they understood their professional responsibilities in conducting these treatments, the therapist reported that they believed their primary roles to be understanding a patient's intention and preparing them for the KAP experience; doing urine samples where needed to assess for drug use; creating safety for clients during the sessions;

and making sure that clients were accessing integration sessions after, either with the therapist or with a therapist in their home community.

### **Professional Support**

One of the primary themes that emerged from my interviews for this thesis was the need for increased support for professionals who are offering psychedelic assisted psychotherapy. As has been previously indicated, these treatments are experimental enough that there is very little in the way of best practices guidelines available for clinicians. This offers professionals opportunities to be creative, but it can also leave them feeling isolated and unsure about the best protocols to implement in their practice. Interviews from my research indicate that this isolation is amplified when these treatments are conducted in a rural and remote context. The two interviewees for this thesis reported that to combat this isolation, they sought out opportunities for training and opportunities to connect with other professionals. It was noted that staying connected with other who were doing the same work felt essential in terms of sharing knowledge and seeking feedback.

The therapist interviewed noted the importance of professionals involved in these kinds of treatments having access to support and debriefing. Because of the exceptional vulnerability experienced by clients in these sessions, professional support is perhaps even more important than it is in traditional forms of psychotherapy. This speaks to the need for the availability of comprehensive and accessible clinical supervision for therapists who undertake this kind of work with supervisors who are knowledgeable about psychedelic assisted psychotherapy. Phelps (2017) notes that one of the core competencies for therapists offering psychedelic assisted therapies is the ability to reflect critically on the experiences that occur within the

sessions and she states that it is essential that therapists are able to work closely with a clinical supervisor on any issues that invariably arise (p.469).

In addition to supervision and a wide network of professional contacts, it is also important to note that both interviewees spoke about the importance of having support from their regulating colleges. As was noted above, the therapist interviewed did not receive a reply from their college regarding inquiries about KAP treatments and their scope of practice. Similarly, the MD interviewed expressed being unsure if their college would support them if there had been a critical adverse event in the clinic. This demonstrates how important it is for professionals offering psychedelic assisted therapies to feel that they are supported by their regulatory bodies in doing this work.

When asked about what words of wisdom each interviewee would offer to future practitioners wishing to use psychedelic assisted psychotherapy in a rural and remote context, both indicated the importance of being well supported and focusing on safety in the process. The therapist reflected: "Take care of yourself and move slowly. Get support. Make sure you have a team." The MD stated: "Do it safely. Don't be a cowboy. Do it with someone who knows how to save a life in case something goes wrong and do it with a group of people that can be there in case you have any questions." Both of these responses indicate that professional support is invaluable for practitioners wishing to use these kinds of treatments.

#### **Chapter 4: What Comes Next?**

This thesis has offered a very cursory look into the world of psychedelic assisted psychotherapy and specifically the possible components needed to offer these types of treatments in a community-based rural and remote context. Through interviews with two professionals who have lived experience of offering KAP in this kind of setting I was able to draw out some of the themes from their work and explore how these components might offer opportunities to provide psychedelic assisted psychotherapy in a way that attends to both the needs of the client and the therapist. Conducting these interviews left me feeling inspired and also wondering: what comes next? As we find ourselves at the brink of the legal use of several psychedelics in the psychotherapy context, it is time for those of us who are interested in doing this kind of work to look ahead and begin to consider this question.

#### **Global Research**

Globally, we presently find ourselves in a time where more psychedelic research is being conducted than has been in the past 50 years. This is an exciting time when the possibilities for the use of psychedelics as a therapeutic tool is on the horizon. The prospect exists that psychedelic substances such as ketamine, psilocybin, and MDMA can meet the unmet needs of a mental health system that struggles to create real, lasting change for people who live with psychiatric disorders. Richards (2017) writes:

We now know that there are many psychedelic substances that can facilitate the occurrence of fascinating and meaningful states of human consciousness, and also that many of them can be administered safely when adequate screening of volunteer subjects is conducted and when the substances are administered in accordance with the

knowledge we have acquired about the responsible structuring of set and setting.

(p.335)

This quote illustrates the importance of the knowledge we are gaining about the potential uses of psychedelics and indicates that while we have only just begun to understand what these substances are and what they may be able to do for us, they can be administered safely to the benefit of our clients.

Tupper et al. (2015) note that as the body of research on the positive results of psychedelic assisted psychotherapy continues to grow, it is imperative that policy makers are aware of and open to new ways of treating psychiatric conditions. These authors write, “This is particularly important for those concerned about the growing prevalence of mental illness, including addiction, as well as its associated human, social and economic costs” (Tupper et al., 2015, p.1058). They further state that this applies to all policy makers at every level where advances and innovations in clinical research can have real, lasting effects on the health and wellbeing of the public.

It is also important to consider how international drug control scheduling classification and public misinformation about the harms and risks of psychedelics impacts the research that can be conducted globally. As Carhart-Harris and Goodwin (2017) point out, it seems paradoxically strange that substances that might alleviate symptoms of mental health distress are not available for medical conditions in which euthanasia for ongoing suffering is available in certain areas of the world, such as treatment resistant depression in Belgium, the Netherlands, and Luxemburg (p.2109). It appears that continued high quality, clinical trials are needed to continue to demonstrate the therapeutic efficacy of psychedelic substances. Through this we

are poised to see the re-emerging paradigm of psychedelic medicine in the mainstream treatment of clinical disorders.

### **Ketamine Assisted Psychotherapy in the Canadian Context**

As we see fresh momentum for new investigations into the therapeutic potential of psychedelics on a global scale, it is significant to note Canadian research is contributing to this body of knowledge as well. At the time of writing, MAPS Canada is poised to begin Phase III clinical trials into the efficacy of MDMA in the treatment of PTSD. Phase III is typically the final phase of a drug review before it is approved for public use and as such, this is an exciting opportunity for the potential legal therapeutic use of MDMA in the not too distant future. Because this thesis utilized KAP as a case study and it is the substance that the interviewees are most knowledgeable about, this section will focus on where we are at with the therapeutic use of ketamine in the context of British Columbia, Canada.

The MD interviewed stated that the next step for KAP in British Columbia is that it needs to be accepted by the College of Physicians and Surgeons to be conducted by doctors outside of a hospital setting. They also noted that allowances need to be made so that these treatments can be offered in rural and remote clinics that do not have access to the same medical teams as those in urban centres. The MD stated that in order for this change to occur, there must be sufficient studies conducted and evidence gathered on the therapeutic efficacy of ketamine. They also communicated that as the college is mostly responsible to the good of the public, public pressure would perhaps increase the likelihood that they will change their guidelines. The MD further stated that regulations are provincial and that there are currently 20 people from different disciplines working on lobbying the college for change. They noted

that while MAPS is working on removing MDMA from the scheduled substances list, this is not necessary with ketamine as it is a drug that doctors can already legally prescribe. In theory, this should make bringing ketamine into the therapeutic realm easier than some other psychedelic substances. The MD reported that this will become easier once Health Canada changes it's indications for ketamine from use strictly as anesthesia in emergency and operating rooms. What they and others are looking for, they told me, is to have ketamine approved for therapeutic use "off label".

When asked about what efforts are being made now to create change in how the College of Physicians and Surgeons understands the therapeutic benefits of ketamine, the MD reported to me that they and the interdisciplinary team they are connected to have been engaged in talking, planning, writing, and researching on the subject. They stated that the goal is to come up with specific protocols for KAP that are systematic in nature and can provide guidelines for the medical community. The MD identified three steps that are needed to move the use of KAP forward. The first step identified is to develop an intake with medical and psychiatric history components that would provide all of the information needed to assess a potential patient's suitability for treatment. The second step identified is to obtain the consent of the college to conduct KAP in a setting other than a hospital and without the restrictions that are currently in place for intravenous ketamine therapy. On this point, the MD noted that while these restrictions might make sense in a hospital setting with intravenous administration, oral and intramuscular routes do not have the same risks. The third step identified is the creation of a research protocol so that ketamine assisted psychotherapy can be studied systematically. Through this research it is hoped that it can be proven to be a safe and effective tool. The MD

stated that there is currently work being done on this protocol and a plan is in place to submit it to the University of British Columbia Ethics Committee.

When asked about what other people are doing on this topic, the MD reported that they have contact with other people who are interested in this work within the United States and Canada. They reflected that a network of engaged professionals has been created and that video conferencing and supervision is available through this network. Because ketamine is not an illegal substance for doctors to prescribe, but it is also not approved to be used therapeutically outside of a hospital, the MD communicated that people wishing to do this work are left in a grey zone where they find themselves unsupported by the broader system. They noted that people have reported feeling isolated on a personal level as a result of this and that through this established network they are able to feel more supported.

### **Author's Conclusion**

The completion of this thesis is by no means an insignificant task. While the work done in these pages offers some information based on my own research and the research of others, the true value of it for me lies in the reflections that I have made while considering my discoveries. What I have recognized through this body of work is that I am committed to my desire to use psychedelic assisted psychotherapy in my future practice. I see the value of these tools through not only my personal experiences, but the experiences of others and the positive outcomes associated with research in this area. I do not know exactly how I will come to have psychedelics be part of my therapeutic practice, but having the cemented knowledge of my desire to do so means that I need to begin looking for avenues to make it happen. Thanks to this thesis, I now have a better understanding of what this might entail within my current rural

and remote context and some ideas about where I may begin my journey.

I am overwhelmingly grateful to the two professionals I interviewed for this thesis as it was their experiences, openness, and reflections that provided me with the opportunity to engage with this topic in a way that felt relevant and meaningful to the context of my life and the work that I do. Their interviews provided me with the framework for this text and their stories provided me with inspiration and hope for the work that can be done. While this thesis endeavors to begin to start this conversation, it is abundantly clear that much more research is needed to create specific guidelines for the use of psychedelic assisted psychotherapies in a rural and remote context. If I were to undertake this research again, I would try to spread my net wider and interview individuals who are offering psychedelic assisted therapies outside of the legal realm. I have no doubt that there is a mountain of information available through those who choose to offer these services regardless of legality and I imagine that conversations with them would have only enriched my understanding of the complexities of using psychedelics therapeutically. That, however, is research for another day.

As I look forward to what I wish to offer in the world as a therapist, I am motivated to realize that it takes great bravery to do something different, something experimental, and that without taking the plunge, there is very little that will change. When I asked the therapist interviewed for this thesis if there was anything we had not covered in our conversation, they replied to me “I think the clients that I have treated would want it to be said how valuable and how important this is. I had an enormous amount of people asking ‘what do we do? How do we support you?... How do we let the people who are in charge know what this treatment is and how much we need it?’ I think there’s a lot of sick people out there who are extremely

desperate for this". Ending the interview on this note left me feeling the importance of this work and of doing what I can to advocate for these treatments to be made available to people who can benefit from them. My journey as a therapist is just beginning, but I am following in the tradition of those who have bravely gone before and those who bravely go now. I hope that my generation of therapists will see a day where psychedelics are legally used in therapeutic practice by counsellors. We are ready to have access to these valuable tools.

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Appendix A: Institutional Review Board Certificate of Approval

**Institutional Review Board  
Certificate of Approval**

**IRB ID# McMechan\_Sanders090319**

Principal Investigator (if faculty research):  
Student Researcher: Jasmin McMechan  
Faculty Advisor: Colin Sanders  
Department: DAS M couns.

Title: The therapeutic use of ketamine in a rural and remote context.

Approved on: September 3, 2019

- Full Board Review
- Expedited Review (US)
- Delegated Review (Can)
- Exempt (US)

**CERTIFICATION**

City University of Seattle has reviewed the above-named research project. The proposal was found to be acceptable on ethical grounds. The Faculty Advisor Colin Sanders and the student researcher Jasmin McMechan have the responsibility for any other administrative or regulatory approvals that may pertain to this research project, and for ensuring that the authorized research is carried out according to the conditions outlined in the original Ethical Review Protocol submitted for ethics review.

This **Certificate of Approval** is valid provided there is no change in experimental protocol, consent process, or documents. Any significant changes to your proposed method, or your consent and recruitment procedures are required to be reported to the Chair of the Institutional Review Board in advance of its implementation.



Brian Guthrie Ph D, RSW, RCSW  
Chair, IRB City University of Seattle