

NUMINUS

Applied PAT

PRESENTED BY

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MODULE 1:
TRANSDIAGNOSTIC
PERSPECTIVES

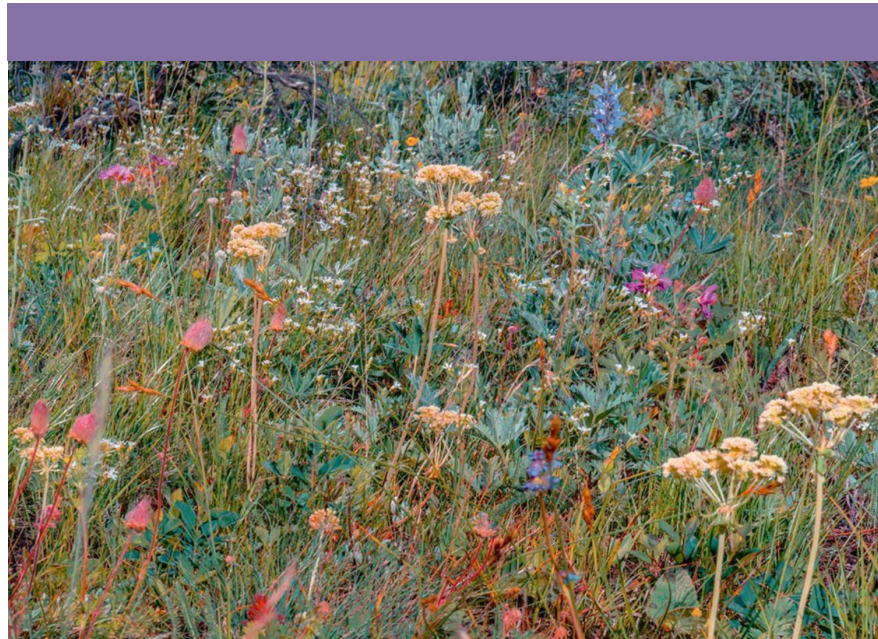


AGENDA

Welcome, agreements, L.A.	01
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Didactic: Complexity & Uncertainty	04
DSM – challenges/utility	05
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GROUP AGREEMENTS

CENTRE



Confidentiality



Engagement



Non-judgmental listening

GROUP AGREEMENTS

CENTRE



Timeliness

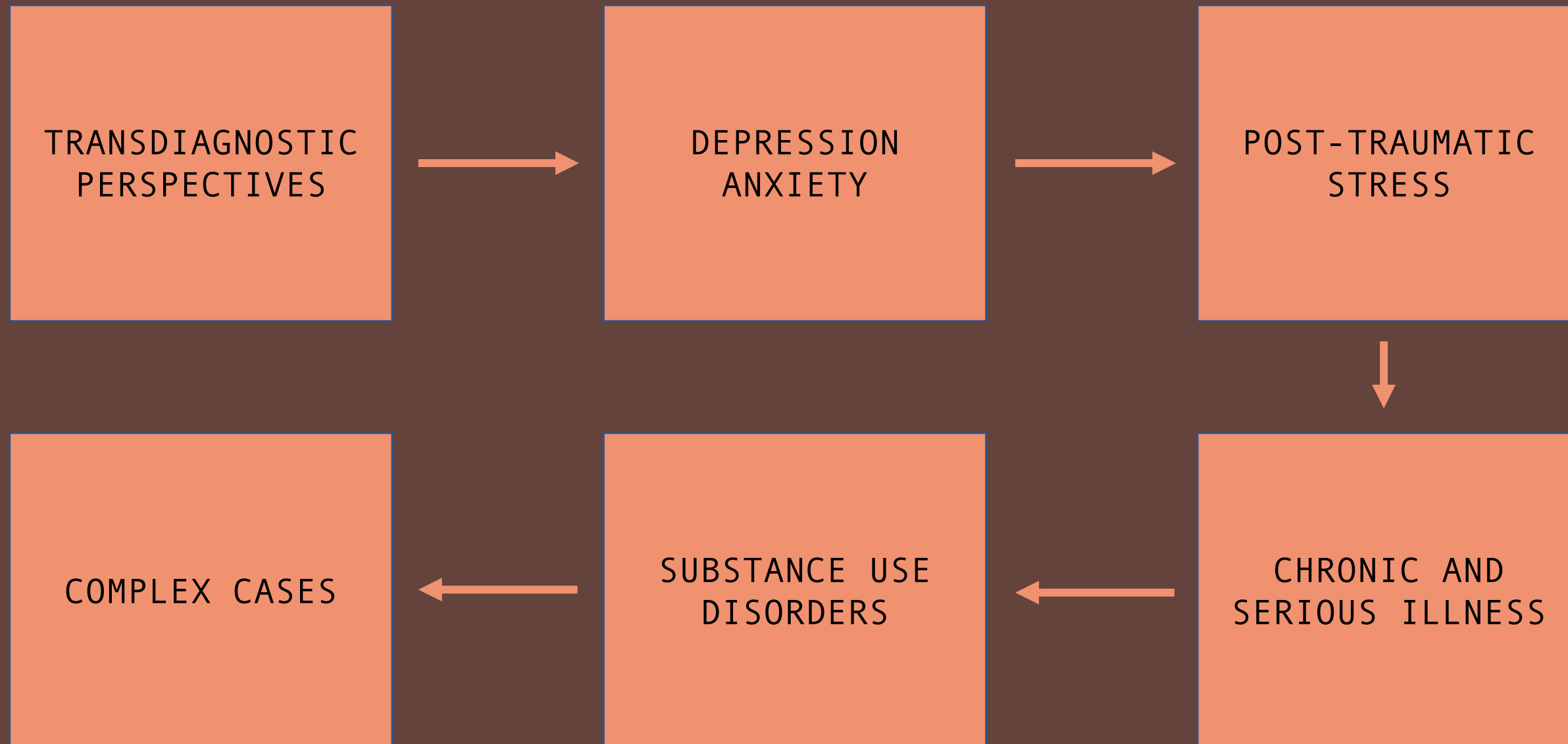


Right to pass



Equity

APPLIED PSYCHEDELIC-ASSISTED THERAPY: TRAINING OVERVIEW



LEARNING OUTCOMES

Upon successful completion of the course, learners will be able to:

- Determine the symptoms and appropriate treatments for the conditions presented.
- Integrate different perspectives regarding assessment and treatment approaches applied to psychedelic-assisted therapy.
- Discuss key psychedelic-assisted therapy research and proposed therapeutic mechanisms.
- Apply best practices for preparation, medicine, and integration sessions.
- Assess client's suitability for treatment according to relative and absolute contraindications.
- Identify potential challenges and risks associated with these disorders and limitations of psychedelic-assisted therapy as a brief intervention.



APPLIED PAT: SESSION 1 LEARNING OUTCOMES

Upon successful completion of the module, learners will be able to:

- Describe the utility and challenges of the DSM, transdiagnostic and phenomenological approaches to PAT
- Develop an approach to the complexity that is inherent to treating clients using PAT
- Prioritize and target the client needs in an organized manner through the arc of treatment
- Develop case conceptualizations and treatment plans
- Address potential risks and contraindications



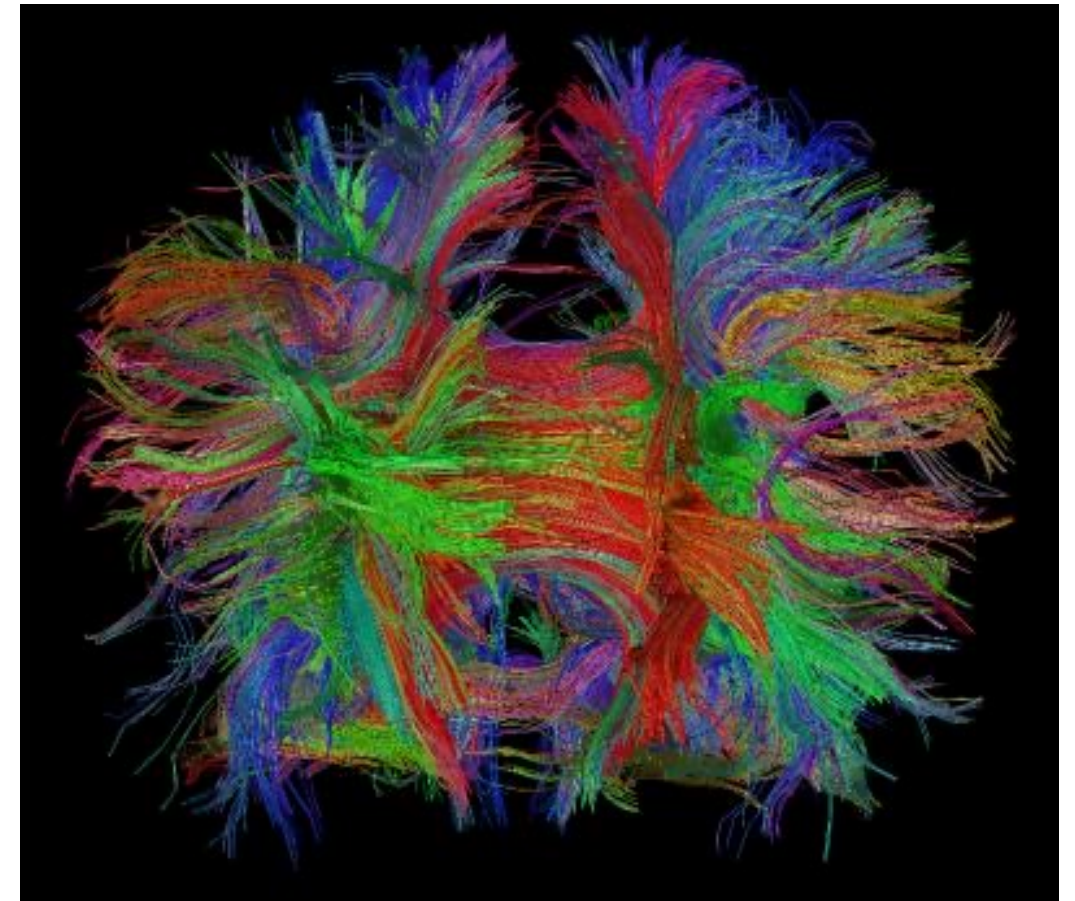
The Brain as a Complex System

PROPERTIES

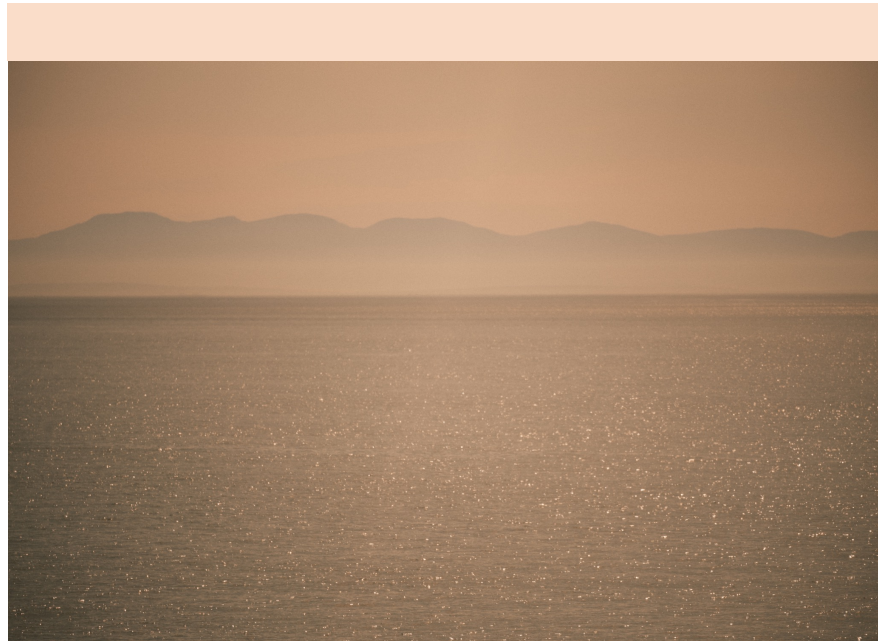
- Emergence – manifesting interactive parts, mind
- Spontaneous re/organization – new states emerge
- Multiple Interacting components – 86 billion neurons, trillion connections
- Dynamic – changing elements
- Nonlinearity-unpredictability
- Contagion – phenomena spread quickly in entire system
- Modularity – subsets within a system

IMPLICATION

High level of uncertainty in understanding & prediction of disordered mental phenomena & interventions

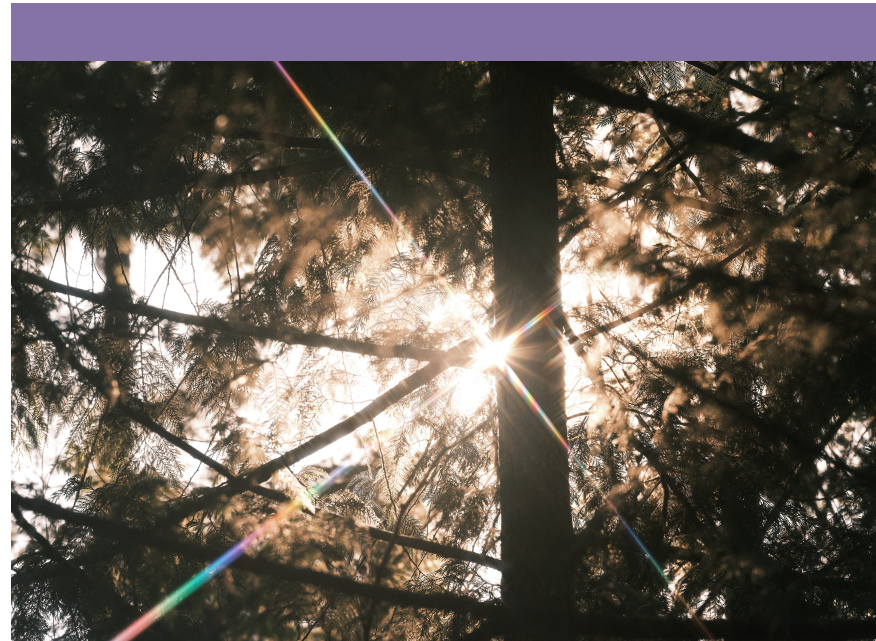


PAT IS A COMPLEX INTERVENTION



Client Features

- Refractory
- Trauma other chronic conditions
- Internal/external resources
- Presentation



Medicines

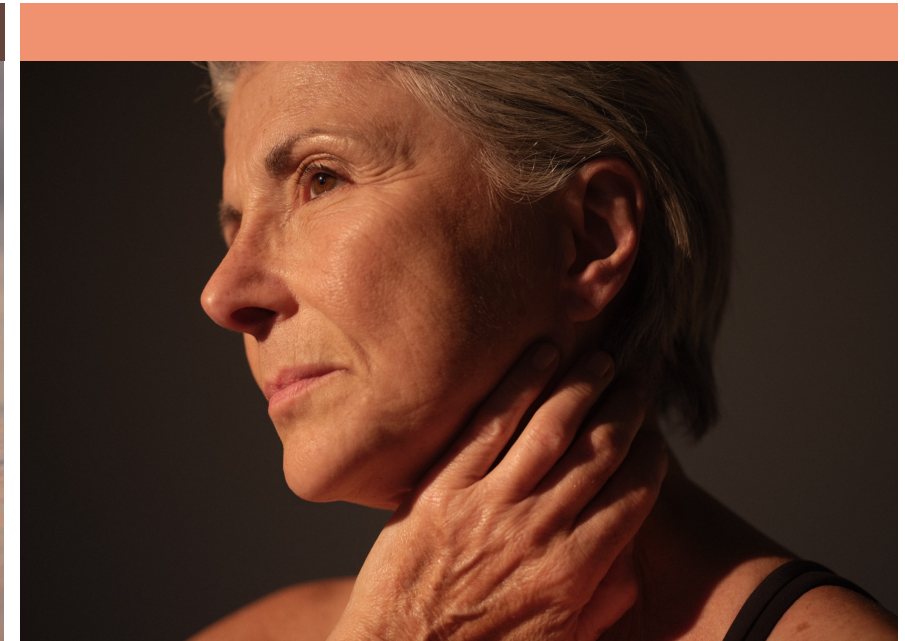
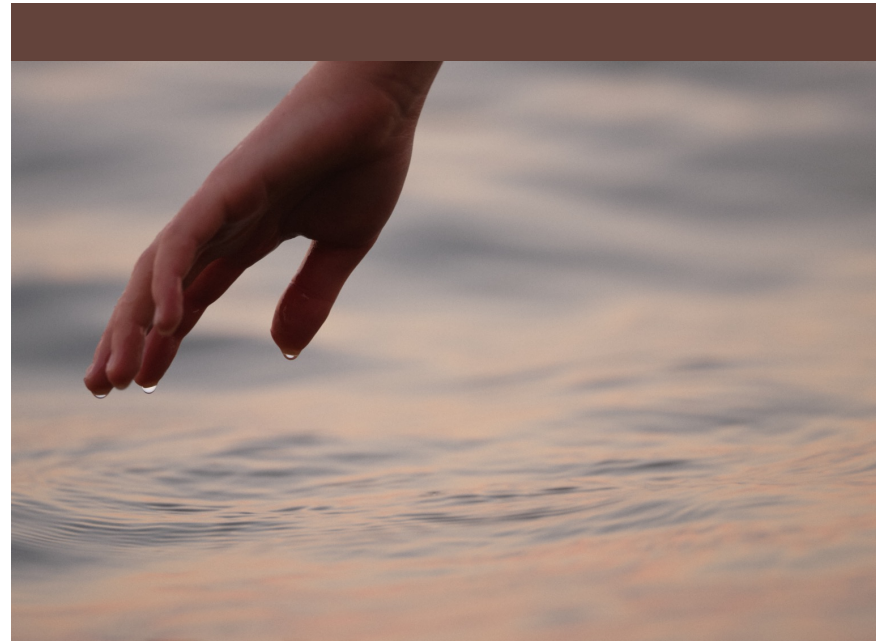
- Altered states
- Unpredictable
- Disrupt, impair & amplify
- Vulnerability & attachment
- Combined with psychotherapy



Psychotherapy Models

- Varied elements (mechanisms?)
- Limited evidence

PAT IS A COMPLEX INTERVENTION



Therapists

- Limited cognitive bandwidth
- Limited training
- Biases/heuristics (anchoring, availability, certainty bias, pattern recognizers, over-confidence)

State of the Evidence

- Early
- Flawed
- Adoption of innovation > evidence
- Bias toward positive outcomes

Cultural Context

- Medicalization/corporatization of psychedelics – from indigenous traditions to capitalism

THE INDICATIONS ARE COMPLEX

- Lack of pathognomonic indicators – no objective measures
- Overlapping conditions
- Frequent co-morbidity
- Infrequent phenomena
- Signs and symptoms vary over time
- Ambiguity of phenomena
- Challenges in eliciting subjective symptoms
- Complexity & refractory nature of the conditions
- Often require treatment and management acutely and without clear diagnosis





The Utility of the DSM

- Cognitive organizing tool – parses information, finite, pattern
- Provides information on risk/functional impairments and diff. diagnoses
- Allows practitioners to have a common language
- Helps identify symptoms and symptom clusters
- Provides access to treatment
- Helps identify treatment targets



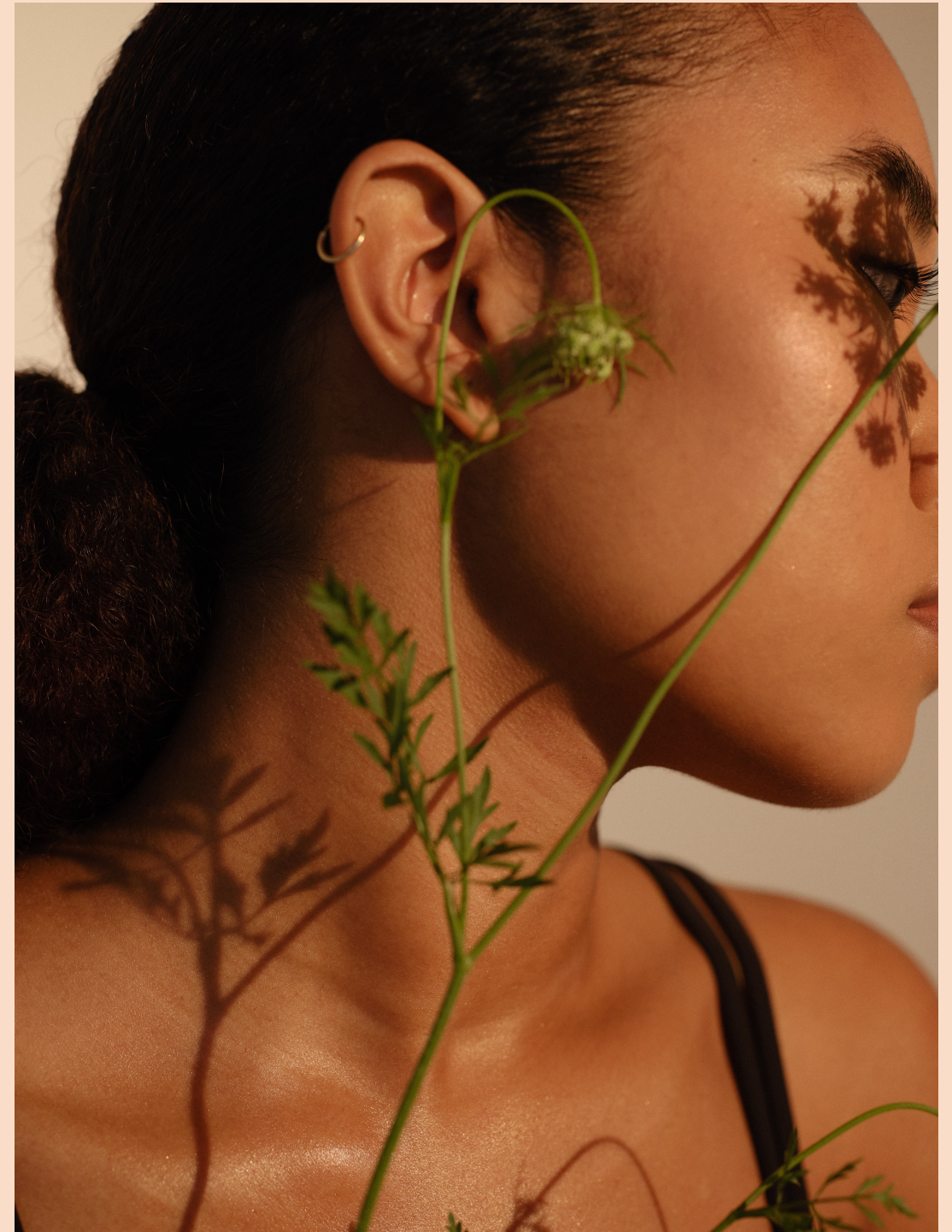
The Limitations of the DSM

- Consensus document
- Mental Health diagnoses susceptible to error & not verifiable – no objective tests
- Clinical judgment is the gold standard
- Irreducible uncertainty and over-confidence in diagnosis
- DSM provides descriptions but not causation or treatment
- Categorical vs dimensional
- Too rigid categories
- Thresholds for diagnosis may exclude access to treatment

We are stuck with indications, as defined by DMS-V

HOW TO DELIVER PAT IN THIS CONTEXT?

- Transdiagnostic approaches to classification and treatment





Transdiagnostic Classification

"Profile" approach to EDs
(Rosellini et al., 2015)

1. Avoidance of internal/external cues
2. Trauma: re-exposure/dissociation/flashbacks
3. Intrusive Cognitions
4. Social evaluative concerns
5. Somatic Anxiety
6. Autonomic arousal
7. Depressed mood

TRANSDIAGNOSTIC PROTOCOL

Unified Protocol (Barlow)

EDs share core deficits

- Biologically-based propensity for strong emotions
- Aversive reactions to emotional experiences
- Avoidant coping strategies

5 core treatment modules

- (1) mindful emotion awareness
- (2) cognitive flexibility
- (3) identifying and preventing patterns of emotion avoidance
- (4) increasing awareness and tolerance of emotion-related physical sensations
- (5) interoceptive and situational emotion-focused exposures



Experiential Avoidance

THE PROBLEM OF EXPERIENTIAL AVOIDANCE

Difficulty remaining in contact with distressing internal experiences such as thoughts, memories, emotions, and body sensations and the attempts to control or avoid these experiences.

Transdiagnostic marker of psychopathology, associated with:

- Anxiety, GAD, Panic
- Depression
- Bipolar disorder
- Self-harm & suicide
- Obsessive-compulsive disorder
- Substance abuse
- Post-traumatic stress
- Trichotillomania

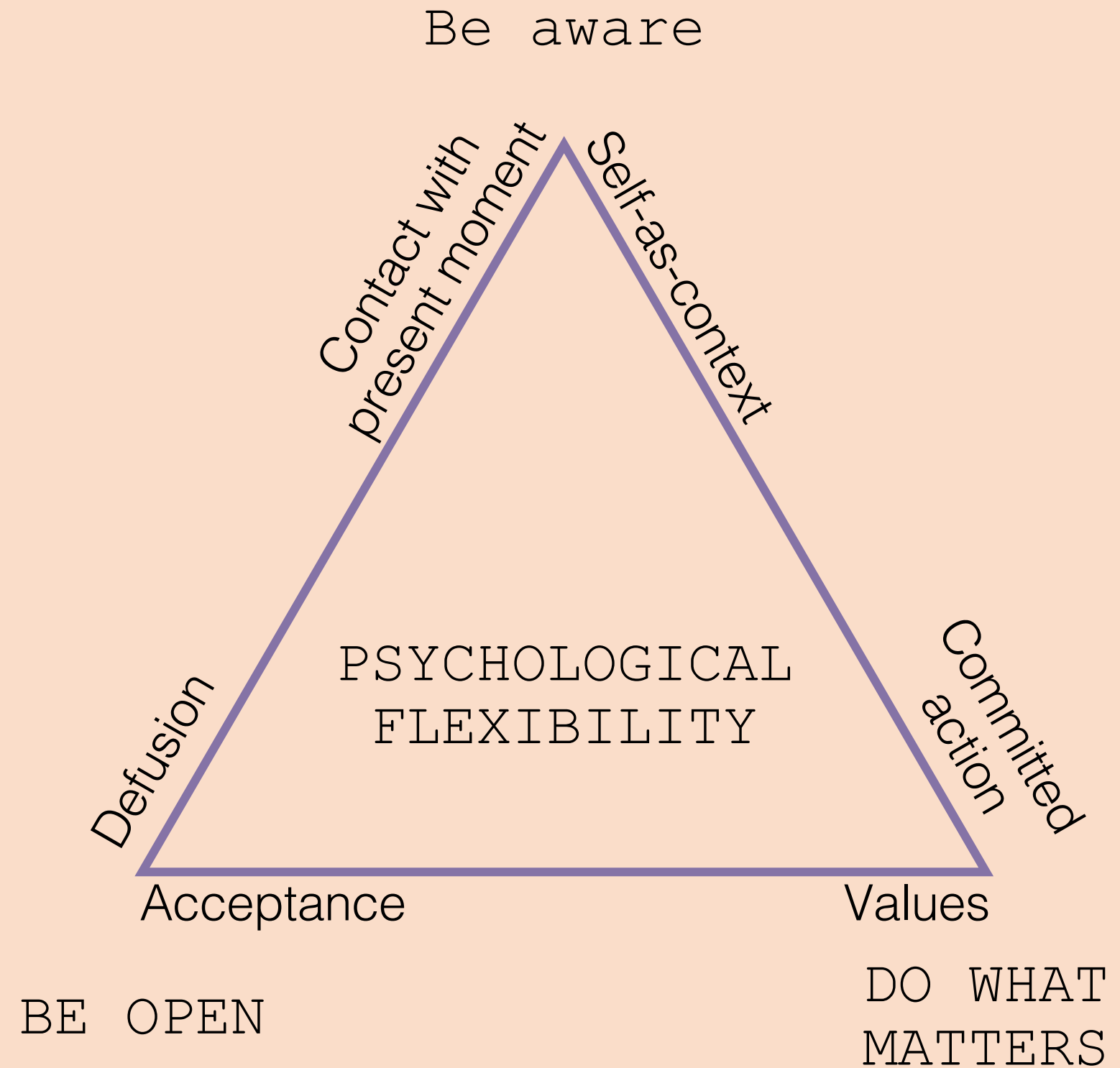
Psychological Flexibility

A person's capacity for openness and acceptance of all aspects of experience arising in present moment awareness and engaging in action that aligns with one's values

Accounts for 45% of change in therapy (Hayes et al., 2022)

3 SKILLS (PF)

- Awareness
- Openness
- Values engagement



Suitability

PROTECTIVE FACTORS

- Support network: family, friends, therapist, etc.
- Meaningful work or volunteer activities
- Accessible internal resources
- Tools, practices, and frameworks that facilitate turning toward/staying with (exposure) vs avoidance
- Previous psychotherapy or other personal work
- Openness to collaboration with and feedback from the therapist
- Subjective experience of readiness and stability



Contraindications

CONDITIONS

- Bipolar type 1
- Psychotic Disorders (ex. schizophrenia)
- Borderline Personality Disorder
- Active addictions
- Eating disorders (active purging)

OTHER

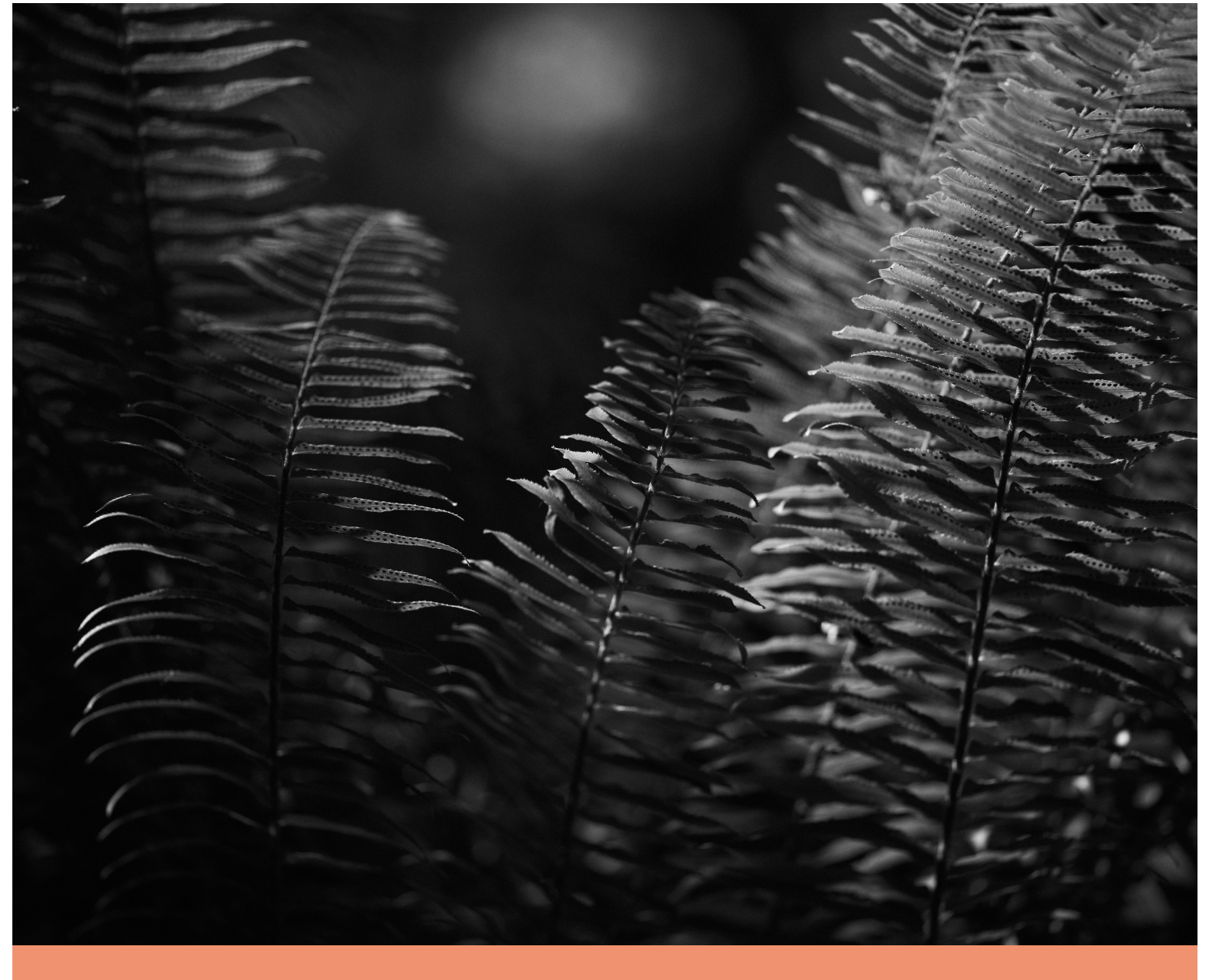
- Recent suicidal ideation
- Certain medications and supplement use: need to check
- Certain medical conditions
- History of psychosis and/or mania
- Severe state of desperation to state shift

Contraindications

MAPS MDMA FOR PTSD CONTRAINDICATIONS

- Primary psychotic disorder
- Bipolar 1 disorder
- Dissociative identity disorder
- Eating disorders with active purging
- Major depressive disorder with psychotic features
- Personality disorders
- Current alcohol and substance use disorders

MITCHELL ET. AL 2021



Relative Contraindications

Conditions and symptoms that you will need to obtain more information about regarding the client's current state, context, and capacity for managing distress.

CONDITIONS

- PTSD
- CPTSD
- Bipolar type 2

OTHER

- Adverse Childhood Experiences
- Severe history of relational trauma (lack of attunement and safety)
- Active addictions (current/past)
- Significant history of violence (keeping in mind the container and safety)
- Chronic history of suicidal ideation
- Extreme defensiveness

Considerations for Case Discussions

- Humility, curiosity & "I don't know mind"
- Assess suitability
- Choice of medicine
- Risks and contraindications
- Symptoms, diagnosis, Case Conceptualization and Treatment Planning
- Intentions, Goals and Expectations of the Treatment
- Internal and external resources of the client
- Context of treatment – underground, clinic, special access and ceremonial