

# Equivalency Exam: Part 2

During this second portion of the exam, you will demonstrate the application of your practical skills by responding to some relevant cases.

## Guidelines

You may be tempted in these exercises to say that your approach would be context-dependent as it relates to the situation, client, experiences, set/setting etc., however, we challenge you to dig into various contextual factors and discuss what you would do in each circumstance. We further encourage you to make assumptions (just state them clearly) and answer the prompt as best as you can with the information provided. We acknowledge this work is highly situational and there are often multiple approaches that can be rightly pursued. We are seeking to evaluate the things you are thinking about with each question, rather than a ‘correct’ response.

For your responses, please ensure that you meet the word count for each response. You can also record a video if you prefer. To share your video response, please upload the videos to YouTube and share a link for each question response.

You will be graded on the quality of your response including to what degree you embody the Numinus care model and the therapeutic stance.

## Case 1: Embodied Inquiry

10 points

### Your Response

100-300 words / 5 minute video

## Case 2: Assessment

15 points

You receive a phone call from a colleague who wants to refer a client for psychedelic-assisted therapy. This is what you learn in that call and during a short interview with the client, as part of your assessment process:

Doug is in his mid 50’s and is a physician who works part time. He has been suffering from OCD, anxiety, and depression on and off for his entire life. For many years he was able to cope with limited functional impairment, exercising regularly and taking different anti-depressant medications. About three years ago he came off his medication and his depression recurred. He tried restarting the same medication but did not experience the same benefits. His psychiatrist has since tried two other antidepressant medications but with limited improvement in Doug’s depression symptoms. Doug struggles to get out of bed on the days he is not working and struggles with fatigue, low mood, and poor appetite. He is becoming increasingly anxious about going out of his house, and he is starting to notice a pull to engage in OCD behaviours again. He has come looking for help for his depression and is considering psychedelic-assisted therapy.

### Question

Do you think psychedelics may be appropriate for this person? Why or why not? What would be some additional information you would want to collect in your assessment of this case? Be sure to consider possible transdiagnostic factors that may be related to his current symptoms and diagnoses and use the Numinus Care Model to support your thinking process.

### Your Response

1000-1500 words / 10-15 minute video

## Case 3: Medicine Session and Integration

15 points

Ellen is a 45-year-old woman with depression and is in a long-term relationship of 10 years that she has been considering leaving. She has had multiple recurrences of depression since the age of 25 and has tried several anti-depressants. These have put her into remission for periods but then stop being effective. She was in psychoanalysis from the age of 35-40 years old and has been in couples therapy for the last two years.

She has no significant medical history, is currently on no medications, and drinks 4-5 glasses of wine every day. She works as an artist, has one adult child from a previous relationship, and a couple of good friends.

She was recently referred for Ketamine-assisted therapy as the next step in her treatment to see if her mood will benefit. Her current score on the PHQ-9 is 16 (moderately severe).

Ellen reports that she feels overly dependent on her partner to meet her needs and finds it difficult to motivate herself to make change. She tells you she is not happy in the relationship but is scared to leave. She feels stuck and hopeless at times but is not and never has been suicidal. She is somewhat hopeful that a course of ketamine-assisted therapy will help her to make some changes and improve her mood. She tells you that she wants to face her fears and wants to feel more secure in herself.

For her first ketamine-assisted medicine session, she sets the intention, “Teach me about feeling secure”.

### Medicine Session

During the initial onset of ketamine, delivered intramuscularly at a dose of 0.8 mg/kg, Ellen feels afraid and regrets not asking for her partner to be present as a support person in the session. She reports seeing his face for a moment, and then he fades away. As her Medicine Session progresses, she finds herself in darkness, and she then comments on seeing a black cat with intense eyes looking at her; when asked if she notices any sensations or impulses in her body as she is experiencing this cat, she becomes aware of an impulse to start to move her limbs and spine as though she is embodying cat-like energy. With encouragement to follow this impulse, she allows herself to explore moving her arms and legs and back (from her reclined position on the therapy couch) as though she is a cat, and she reports experiencing herself as a very large black cat and that she enjoys this sensation. When asked if there are any sounds the cat might make, she starts making hissing noises, and notices that she feels like she has powerful sharp claws and that she feels agile, strong, and balanced. Later in the session, she describes an image of a sparkling waterfall that is flowing powerfully and shaping the rocks as it winds as a river toward the ocean. She sees herself as a child around age 7 looking at the waterfall from the shore with a feeling that she wants to enter it; but when she embodies her 7 year old self, there is a grey feeling of collapse and paralysis around her compared with the sparkles and rainbows of the waterfall before her. She also has a thought toward the end of the session that perhaps there is no such thing as safety or security.

### Integration Session

At the start of her first Integration Session, Ellen is excited and tells you that she is feeling more energy, yet that she also feels somewhat shaky in a way that she hasn’t felt before, and this is slightly uncomfortable. She reports that she felt very powerful during the session when she was embodying the cat, and this was a very new experience for her. She’s perplexed, however, about the opposite feeling of collapse and paralysis when she felt into her 7-year-old self, and the sense of wanting to, yet being unable to, enter the waterfall. She expected to be frightened during the ketamine session and is surprised that she was not.

### Question

Given Ellen’s experience and the reflections she has brought to the Integration Session, identify 3 key pieces that seem relevant to her for integration, and how you might approach each with Ellen. Please explain your overall approach to integration, in addition to these more specific pieces individually. Describe the language that you would use to invite processing these pieces with Ellen. Include a trauma-specific lens and approach as well as embodied inquiry in your approach.

### Your Response

1000-1500 words / 10-15 minute video

## Case 4: Preparation

20 points

About 2 years ago, a 42-year-old male, underwent repeat back surgery to address an acute exacerbation of long-term pain that occurred following a motor vehicle accident the year before. He was born with severe congenital scoliosis and received bracing from age 3-7. He recalls some teasing and ostracizing in preschool and early elementary school.

Despite bracing efforts, he required a fusion surgery at age 13. He recalls feeling scared and alone in the hospital, since at that time doctors believed it was better to keep parents at a distance during hospital recovery. The recent surgery went well according to the surgeon and post-operative x-rays.

Despite this, ever since the surgery, he has been feeling on edge and having difficulty concentrating to the point that he has been unable to return to work. He has been having intrusive memories of the terror he felt as a child surrounding his first surgery with images of bright lights and large strangers towering over him in addition to sudden flashes of tires screeching and even smells of rubber burning on asphalt that seem to come out of nowhere, especially if he is a passenger in a car.

These intrusions are startling and make his heart race and it takes some time to recover from them. He has also been having difficulty sleeping and has been waking up startled from nightmares about feeling paralyzed yet in excruciating pain. He continues to experience pain day-to-day that is similar to the pain he was experiencing after the car accident and before the recent surgery. He wishes he had not gone through with it, since it has only made his life worse.

His wife is very supportive, but despite this he is having trouble connecting with her the way they used to. He is feeling a lot of shame about what is happening with him, and even has moments of suicidal ideation, though he wouldn’t want to do that to his wife or teenage children. The client states that he used to have a vibrant social life, spending time with other couples, his best friend, his sister, and his parents. The client also states that he used to love to play, write, and listen to music but is struggling to find meaning or enjoyment in these things for nearly 2 years.

His counsellor, whom he has been seeing for chronic pain and depression for the last year, suggested he consult a psychiatrist regarding possible PTSD diagnosis, which he received 6 months ago. He has been trying different medications and even EMDR therapy to address this new diagnosis, but without much help. He learned about MDMA-assisted therapy for PTSD from a book a friend gave to him, and he is hopeful that pursuing this with you may help him to get his life back. He says he’s willing to live with some physical pain but without relief from the other symptoms he’s experiencing, it feels too psychologically and emotionally painful to want to live.

### Question

Along with your co-therapist, discuss how you would prepare with this client for MDMA-assisted therapy. Be sure to include:

* establishing rapport and trust
* what additional information you would want to gather and/or cover (assuming you have 3 Preparation Sessions)
* any psychoeducation you might offer
* overall therapeutic goal(s) and session-specific intention setting
* any therapeutic process work that may be valuable to delve into leading into his MDMA session(s)
* establishing resource
* important safety and therapeutic containment agreements
* educating the client about MDMA (including possible effects and side-effects).

You can assume that he has already been deemed eligible for the treatment and that formal informed consent has already been obtained. For this exercise, you are selecting what to review and reiterate as part of preparation as it relates to information and safety.

### Your Response

1000-1500 words / 10-15 minute video