# Co-Therapy Case Study

Emily and Jake are two mental health professionals who were hired to provide co-therapy for a clinical trial of a psychedelic-assisted therapy protocol for a treatment-resistant condition. Emily had been involved with this study for several years and had some additional responsibilities in this particular case. Both had full-time jobs but did their best to carve out time to fulfill their roles in the study. They met for the first time just before the participant was going through the screening process. They enjoyed meeting each other and noted that the differences in their training backgrounds had the potential to offer the participant a rich diversity of perspectives to draw from.

The study protocol was very demanding for both Emily and Jake. Emily was able to prioritize the study and work extra hours during the week and so took on more of the work. Jake has small children at home and had more difficulty managing the workload. The assessment revealed that the participant was really struggling with her symptoms and had limited support in her life. In fact, there was some discussion the study team about whether she was stable enough to be admissible. In the end she was enrolled but ultimately required a high level of support from the therapists.

The Preparation Sessions went smoothly. The co-therapists and the participant were all excited about the opportunity to participate in the study, and all were feeling confident about the healing potential of the intervention. Emily took the lead in facilitating the sessions but left plenty of space for Jake to contribute. The therapeutic alliance appeared to be strong. Under the circumstances, Emily and Jake did not think it was necessary to debrief in any detail from these initial sessions, despite some seemingly minor disagreements about things like the optimal length of sessions and how closely to stick to the protocol. Meetings with their supervisor were uneventful.

The dynamic changed significantly over the course of the Medicine and Integration Sessions. The participant had big, mind-manifesting experiences with the medicine and transference & countertransference emerged as the central material for processing. These sessions were also destabilizing and exhausting and the participant needed time and support to recover each time. Emily tended to create more space in her schedule to be available for the participant, while Jake felt it was safer to maintain the boundaries of the protocol. For example, in an Integration Session towards the end of the study, the participant expressed some concern about separating from the therapists at study termination. Emily responded that she was open to staying in contact with the participant, whereas Jake, who felt this was an opportunity to work through the difficult feelings associated with the separation, did not make this commitment.

The differences between Emily and Jake’s approach created some confusion for the participant and lead to several ruptures with Jake and closer alignment with Emily. Emily began to resent Jake for the imbalance in the workload and Jake was frustrated by the fluid boundaries and triangulation. Both were beginning to feel overwhelmed by the intensity of the participant’s distress and close to burnout. They managed to book some time for debriefing but not enough to get fully aligned on their approach with the participant. Supervision meetings began to feel like couples counselling, as both therapists were looking to the supervisor to validate their views and settle the disagreement. The study team contemplated terminating the study early because of the participant’s distress, her limited support outside the study and the friction between the co-therapists.

In the end, the study was completed. The participant did some healing and transitioned to a new therapist in the community. She maintained a supportive connection with Emily but is not in touch with Jake. Jake and Emily had a final debrief after termination and have not spoken since.