# **Fundamentals of Psychedelic-Assisted Therapy**

# Integration Cases Handout

Please review the following integration needs, therapist tasks, cases, exercises, and role-plays. You will have 20 minutes to work with each case. Please prioritize the role-plays and engage in these for up to 10 minutes each. Then, choose 1-2 other items to discuss within the time remaining. Select one person to summarize the learning or what stood out from working with each case. After the small group breakouts, we will engage in a large group debrief.

## **Regulation & Normalizing**

Regulation: We can think of regulation as primarily associated with managing emotion and tracking the nervous system. Down-regulation refers to reducing the intensity of activated states, while up-regulation may be necessary when more energy (nervous system arousal) is required. If a client is very dysregulated and out of their window of tolerance, meaningful processing on a cognitive level can be compromised or challenging.

Several strategies can be used to manage dysregulation, and these include but are not limited to orienting mindful attention to the environment, to associated or pleasant/neutral bodily sensations, working with the breath, rhythmic or other movement, a willingness to have, or acceptance of what is present, re-directing one’s attention, re-appraisal or changing the situation.

Normalizing: Normalizing speaks to the client’s need to make sense of their experience. This can be an essential part of integration, particularly when they have no, or little frame of reference for what they experience during and following the session(s). Such experiences may include intense emotional states, conceptualizing content from the experience, extreme reactivity, insomnia, vivid dreams, changes in relationships, persistent changes in perception, and so on. For many, psychedelics involve stepping into a new world and it is essential that there be some context setting for, and translation of, the experience as part of its integration. This is where psychoeducation for the client, practitioner experience, and knowledge of the substances and their range of effects can be essential.

### Therapist Tasks:

* Regulation
  + To track the client’s nervous system and ensure they can move in and out of different nervous system states (trauma and healing vortex)
  + To regulate when higher levels of dysregulation are present and to intervene with down and up regulating strategies
  + To practice and elaborate resources from experiential sessions
  + To attune to the client, mirroring, tone, etc.
  + To know when to refer or know when someone might need more acute or emergency care
* Normalizing
  + To provide the frame of reference for clients by understanding the normal range of impacts and effects of psychedelics
  + To provide psychoeducation where applicable
  + To recognize when someone is experiencing effects of the substance outside of what is expected and needs acute support.

### Case:

#### Assessment & Integration

Rebecca is a 42-year-old, queer, and assigned female at birth (AFAB) who works in the trades and has been questioning their gender. They use she/her pronouns. While they don’t have an official diagnosis, they present with PTSD or even C-PTSD symptoms. They have low moods with both depression and anxiety symptoms and currently work outside the home and then mostly isolate in their off time. They are currently single and have cut off connection with their family. They have had problems with addictions in the past however now they drink socially on occasion and use cannabis. They are feeling isolated socially because many of their friends still use substances and they find it hard to be around them.

They have come to you for integration support because they went to Peru for a two-week Ayahuasca retreat where they said they did not have much of an experience. They said their biggest realization was how unsafe they felt in their body and the world. After this insight, they said, “the medicine finally opened,” and they had some experience although overall they said it was mild. For a few weeks after, they talked about having high emotions and a volatile mood.

A few months later, they found an underground therapist with whom they did a one-to-one MDMA-assisted session.

They establish their intentions with difficulty: “Help me feel safe in my body.”

#### Medicine Session

During the Medicine Session, Rebecca spent much of the time talking about other people and recognized this was an effort to avoid their own experience. The therapist encouraged them to go inward. They began to feel shame about their childhood, who they are, and that, as a child, they weren’t allowed to have their own needs and were profoundly neglected by their father and mother. They recognized that they didn’t trust others and found it difficult to let the therapist in because they didn’t feel safe. When the therapist encouraged them to turn their attention to the body, they started to cry and became overwhelmed by shame, and self-loathing. They realized how they had internalized their father as their inner critic.

#### Integration

Rebecca is agitated during the session and feels ashamed that they were so vulnerable while taking the MDMA. They had some profound insights during the MDMA session but as with the Ayahuasca experienced the effects of the medicine as mild and doubt the benefit of the experience. They feel disappointed by their psychedelic experiences and compare themselves to others who have been able to gain important insights. They dismiss this comparison and their doubts, brushing them off as not important and then have an intense wave of emotion. They cry and tell you they have been extremely angry toward their father and have been lashing out at others since the MDMA.

### Group Work

1. How would you explain to and/or explore with Rebecca the seemingly mild effects of the medicine and Rebecca’s interpretation of that as compared with their actual experience (emotions, realizations, behaviours etc.)? **Role-play this discussion as therapist and client. Be sure to attend to normalizing and regulation.**

**Consider the following to assist your inquiry:**

* If the dysregulation isn’t present now, identify a recent time when it occurred (bring it to mind)
* If it is present, regulate and resource – Remember an identified resource and bring attention here or recall a time when you felt safe/supported and bring this to mind.
* For tracking dysregulation or a state of resourcing, how do you know? What do you notice? Body (describe), emotions, thoughts....
* If the experience is manageable (body, thoughts, emotions), can you turn toward these? Name the emotions. Describe the sensations with curiosity and kindness – stay with these.
* What might help you stay with this?

1. How would you address the gap between the client’s expectations of the medicine and the actual outcome? In addition, consider how the experience is discounted, denigrated, or dismissed (rubber band effect) commonly due to shame that it is discordant with their beliefs and/or due to the activation of protector parts. 1) Discuss this in your small group and come up with a process for managing these. 2) Consider how you would inquire into Rebecca’s view in order to elicit rather than explain. How might you suggest or collaborate with Rebecca to come up with alternative perspectives to continue normalizing and broadening their view? **Role-play this discussion as therapist collaborating with one of your group members. Another person is the client, and another observes, providing feedback.**

## **Metabolizing, Meaning Making & Keeping it Alive**

Metabolizing: How one works with difficult experiences can be viewed as a process of metabolizing, as the digestion of emotions, their physical correlates, and other sensations. We might argue the more effective this process is, the greater the client’s wellbeing. Metabolizing experience in integration refers to how effectively one can identify, attend to, be curious, turn toward, stay with (often through somatic experience), and allow whatever arises to come and go. When unable to do that, this can be recognized and the therapist can then determine what needs to change, if anything, and how. Alternatively, one may be able to be with things as they are. This process is active and, at the same time, requires discernment around what is a most helpful response. Psychedelic experiences can be conceived of as metabolized when the client has established a different relationship with, or perspective about, what has arisen. If needed, they have processed challenges and/or have moved into meaning-making or recognition of how their new understanding may be applied to daily life.

Meaning Making: Because psychedelics are disruptive and result in a period of neuroplasticity, they can allow for significant shifts in one’s view of self and others, leading to enhanced psychological flexibility and healing. Deriving meaning from the psychedelic experience can be a significant part of what is to be learned from the integration process. It assists in optimizing the utility of the experience and is related to the client’s intentions, values, and future wellbeing.

Keeping It alive: Following the psychedelic experience, clients often report that they want to continue to stay connected and engaged with what has often been a transformative experience. Keeping it alive refers to an active engagement with the content and ongoing exploration and meaning making, as needed, of content from the session. This can allow the experience to continue to expand, transform their lives and assist with loosening from a rigid identification with the self. Continuing to benefit from the experience often requires the development of concrete behaviours or actions. Reflective activities could include journaling, meditation, movement, being in nature, creative endeavour, social activities.

### Therapist tasks:

* Metabolizing
  + To assist the client to somatically, emotionally, and cognitively process the experience as fully as possible
  + To follow the client’s lead during this process, intervening only when needed
* Meaning Making
  + To recognize and reinforce meaning making that is in the service of the client’s intentions and wellbeing as needed
  + To assist the client to make links between meaning arising from the Medicine/Integration Sessions that can be applied to the client’s life
* Keeping it Alive
  + To assist in creating time and ways to engage with the experience
  + To promote different activities and/or create rituals to stay engaged with their process

### Case:

#### Assessment/Preparation

Ellen is a 45-year-old woman with depression 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, drinks socially but does not use other substances. 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.

She establishes her intentions to be: **Show me: fear; Teach me: safety; Help me: to be secure**

#### Medicine Session

Ellen’s ketamine session takes place with an underground therapist. During the initial onset of the medicine, Ellen feels scared and wants her partner to be present. In fact, during the trip, she sees him for a moment, but then he fades away. As her medicine session progresses, she finds herself in a dark room in which her awareness enters the body of a huge mechanical black cat. She experiences being embodied in this cat and walks around the room freely in this 3-meter-high mechanical creature making hissing noises and making lithe movements. Later in the session, she becomes a huge diffuse sparkling white monolith, shooting into the sky and traveling through space. In both these scenarios, she is alone. She also has a thought toward the end of the session that there is no such thing as safety or security.

#### Integration Session

During this first integration Session, Ellen is excited and tells you that she is full of energy, feels tremulous, and feels strong. She also felt very powerful during the session, and this was a very new experience for her. She expected to be frightened during the ketamine session and is surprised that she was not.

### Group Work

**A)** Identify 3 key experiences that arose during the medicine session that you think would be relevant for discussion during integration:

1.

2.

3.

**B)** Given Ellen’s intentions and goals what do you think would be important for the therapist to inquire about at this time?

**C)** How will you help Ellen make meaning of her experience? What kinds of questions might you ask her?

**D)** Choose 3 of the following you think are most relevant to Ellen. Discuss why you would use these strategies and how.

* Making associations with other relevant experiences
* Interpretations elicited from the client related to their intentions
* Unpacking psychedelic material as metaphors and exploring other possible interpretations
* Bringing mindful awareness to body sensations, tracking changes, and allowing space for meaning to arise directly from present moment felt experience (this can be helpful when clients are confused or have conflicting mental interpretations, with the body centered as a source of direct authentic experience)
* Eliciting the potential benefit of a difficult experience
* Re-appraising, re-framing, identifying alternative, more helpful perspectives
* Asking the client what the experience might mean about them or their situation
* Asking what the utility of this experience might be to staying well
* Exploring how the psychedelic experience and potential learning may be consistent with the client’s values

**E)** What might be a reflection exercise or home practice task you might ask her to consider for the next Integration Session to keep the experience alive?

## **Committed Actions, Spiritual Needs, and Connection to the Natural World**

Committed Actions: Committed actions are those that enable the client to behave in ways that are consistent with their values and intentions. Integration can be a time to explore how we may bring behavioural change into alignment with them. This is a stage when concrete tasks may be developed collaboratively between the client and practitioner to optimize the client’s desired outcomes. Developing such a behavioural plan is a way to continue to take advantage of what has been gleaned from the psychedelic session and then apply these learnings to everyday life. Some of the ways of working with committed actions involve identifying important values to the client that have become salient from the sessions and supporting them to establish relevant goals with which work. Identifying behaviours that are inconsistent with values or impulses to avoid discomfort rather than engaging with what is important to the client can also be part of this work. Lastly, eliciting what is motivating for the client and describing behaviours or tasks in positive terms will enhance the likelihood of their occurrence.

Spiritual Needs: One of the reasons clients may take psychedelics is a need for meaning or connection. Sometimes this is expressed as a spiritual need. The Psychedelic experience is often unusual, and the client may view it as a spiritual event or crisis. The word spiritual has different meanings for different people. It may be defined within a religious context, concerned with what one considers sacred. It may be tied to seeking a purpose or meaning in life that is greater than the mundane aspects of being human. It may relate to themes of life and death, and one’s relationship to death. For others, it may be linked to the idea of awakening or liberation, freedom from suffering or being attached to worldly things.

Commonly, clients can enter a peak or mystical state during the Medicine Session that they then feel the need to integrate into everyday life. For some, this is extremely challenging if such an experience is discordant with their view of self and previous or current religious beliefs about spirituality. Integration then is aimed at how the client comes to terms with such a challenge and reconciles their previous beliefs with what has been perceived as profound, unusual, and mysterious.

\*Note - The therapist can conceive of spiritual beliefs as consistent with working with any other belief or view. Should the client wish to put these new beliefs into practice, part of the practitioner’s work will be to support this process in cognitive, emotional, and practical ways.

Connection to Others and the Natural World: Psychedelics or other altered states may reveal an increased need for relationships, connection to the environment, and community. There are different elements to consider regarding connection. These may include sharing the experience with others (determining who and how much), ending or reflecting on existing relationships, seeking new relationships, seeking a community with shared psychedelic experience, and/or a desire to have an increased relationship with nature.

### Therapist tasks:

* Committed Actions
  + To articulate values and support the client behaviours that are aligned with those values and intentions
  + To identify behaviours that are no longer serving the client and explore the purpose of those behaviors and alternative ways to meet that need
* Spiritual Needs
  + To explore with the client mystical or spiritual experiences, their meaning and integrate these into their current beliefs and daily practices, if the client desires
  + To attend to and explore discordance between old and new belief systems
* Connections to Others/ Natural world
  + To promote finding safe places and people to share experiences with others
  + To help navigate client changes in relationships – losses and gains

### Case:

#### Assessment/Preparation

Will is a 58-year-old married male who works in finance. He has no children. He has been struggling with low mood, feelings of hopelessness and a lack of meaning. He tells you that he thinks he may be going through a “mid-life crisis.” He is nearing the end of his career, is not engaged in volunteer work, and has few hobbies. He has no religious affiliations. He has no diagnosed history of depression, although he suffers from generalized and social anxiety; and while he has friends, he tends to avoid most social situations. He is a long-distance runner and expresses that running decreases his anxiety.

His medical history consists of an MVA in which he experienced a concussion 10 years ago. He also was a heavy drinker when he was in his 30s but now only drinks socially. He does not use other substances although he used cannabis recreationally, on occasion as a teenager. His GAD-7 score = 15 (moderate to severe).

He tells you that he is hoping the psilocybin assisted therapy will get him out of his “rut” and help him with his anxiety. He realizes he is isolated. Will is anxious about taking the medicine but is motivated because he feels lost.

His intentions are: Show me: Hope; Teach me: Openness; Help me: Find a direction

#### Medicine Session

Will takes 4 grams of cubensis mushrooms. During his session he finds himself in a forest. He explores the trees and eventually is absorbed into one, experiencing union with it. His awareness moves into the earth surrounding the tree, its roots, the tree trunk, branches, and leaves. He experiences himself growing out of the ground as the tree and as if this is happening for centuries. His wife and a female friend become one with him and the tree. He experiences both fear and profound joy. The fear fades and what arises for him is a sense of overwhelming awe, and love of all things – plant, animal, human and that he is a part of everything, and everything is a part of him.

#### Integration Session

During the Integration Session, Will feels hopeful, disoriented, and confused. He has always been somewhat of a loner and doesn’t know what to make of his experience. He tells you he doesn’t believe in God but doesn’t know how to explain his experience or how it might help him. He hesitantly asks you if you think this was a spiritual thing. He asks you what you think it all means.

### Group Work

**A)** Therapist task: Reflect and record for 5 minutes your own beliefs and views of spirituality and how you approach the topic with clients. Consider how you may have some biases towards client beliefs that are different from yours. How might you recognize these? How will you avoid imposing your own beliefs or opinions onto the client? (e.g. slow down, notice extreme reactions that arise) Discuss this with your small group.

**B)** In your group of 3, choose one person to be the client, one the therapist, and another the observer. The observer will pay attention to how the therapist embodies mindful caring attention and the kinds of questions they ask.

Use SIBAM to unpack Will’s experience as well as the other Inquiry questions below as needed. If Will expresses this material on his own, there is no need to ask more about it unless there is utility on amplifying or reinforcing the experience to help him meet his intentions. See the following examples of potential SIBAM questions. The following questions are meant to be a guide:

S – What did you notice in the body, if anything during this experience and how did you meet or relate to those sensations?

I – Tell me more about the images of the tree and what happened?

B – What did you do during this period while you were part of the tree?

A – What emotions (affect) came up? How did you experience those? And then?

M – What might this experience say about you or mean for you?

Inquiry:

* When did you notice this experience arising?
* How might you think about this experience?
* What happened that you interpreted this as a spiritual experience? How do you define spiritual? (If needed) - How might you reconcile your views of spirituality with this experience?
* How did you know? And then?
* What might be the advantages or disadvantages of seeing this experience this way?
* What from this experience might you be able to take into your regular life? How might you do that? What may get in the way?

**C)** Given Will’s intentions and concerns, help him identify 2-3 values and how he has been or has not been behaving in ways that are consistent with these. Help him to come up with associated relevant and manageable tasks that he can commit to doing as home practice for the next week.

**D)** Discuss with Will how he might experiment with connection to others and the natural world in concrete ways. Make sure to elicit this from him.