Module 6

FUNDAMENTALS OF PAT

Medicine Sessions

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Group Agreements

CENTRE

CONFIDENTIALITY

ENGAGEMENT

NON-JUDGMENTAL LISTENING

Group Agreements

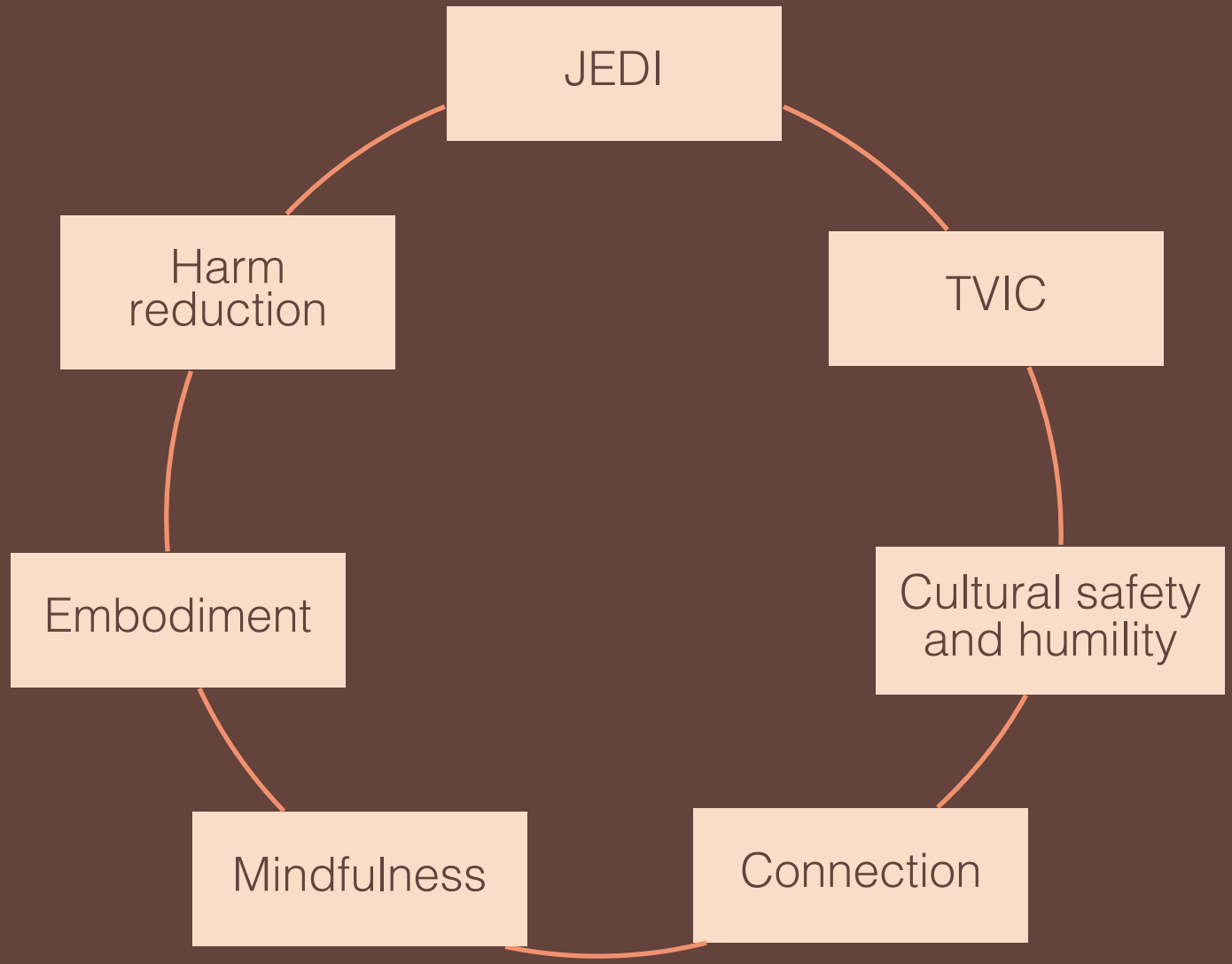
CENTRE

TIMELINESS

RIGHT TO PASS

EQUITY

SEVEN GUIDING PRINCIPLES



AGENDA

Interdisciplinary Team Dynamics

CHALLENGES

- What are some common challenges?
- Can someone give an example of a challenging experience they've had in an interdisciplinary team?
- Bonus points for an example from psychedelic-assisted therapy

Interdisciplinary Team Dynamics

SOLUTIONS

- What are some ways to meet or avoid these challenges?

RELEVANCE

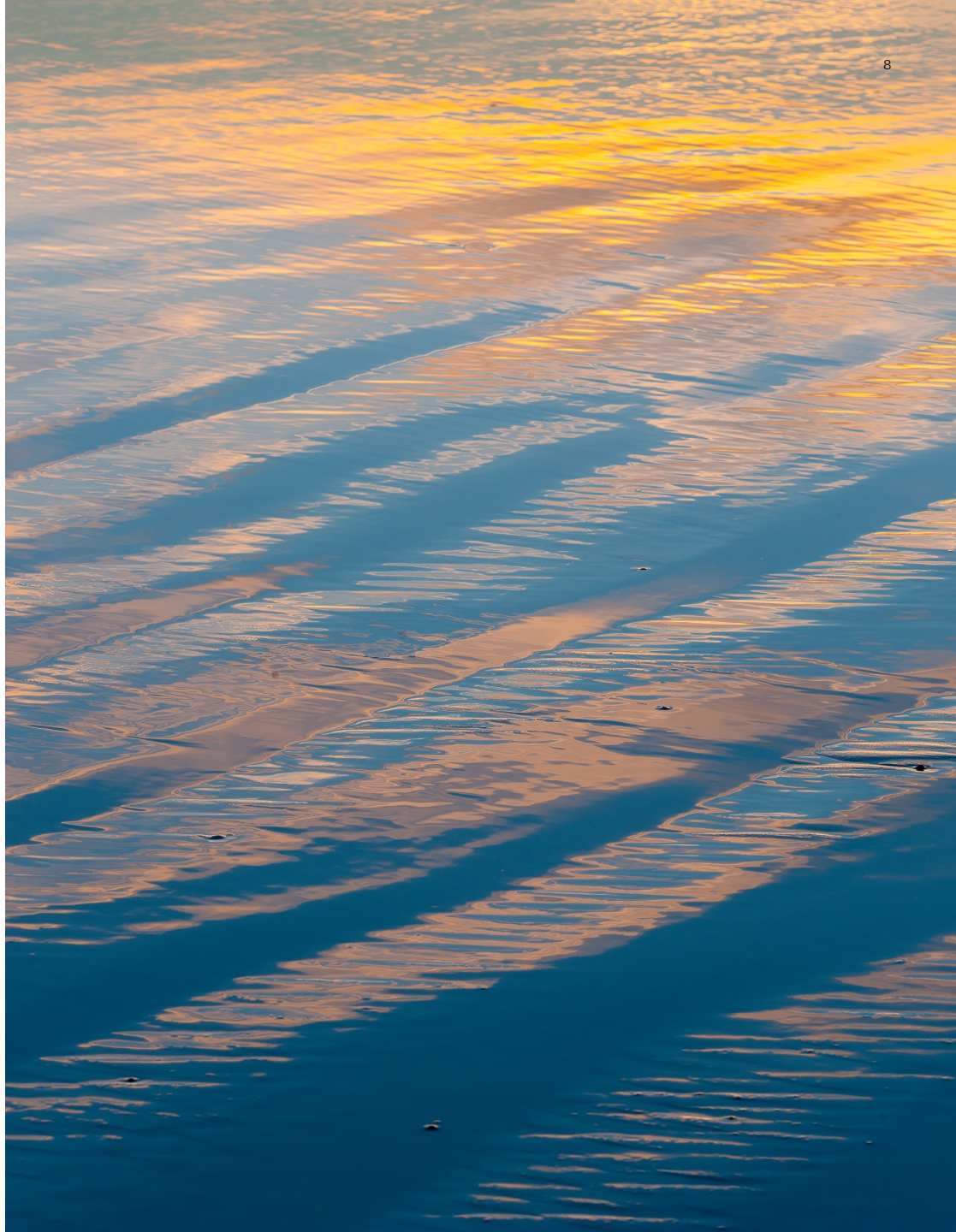
- Why is this important for the client's experience?
- Why is it relevant to their outcomes?

CO-THERAPY DYAD PRACTICE

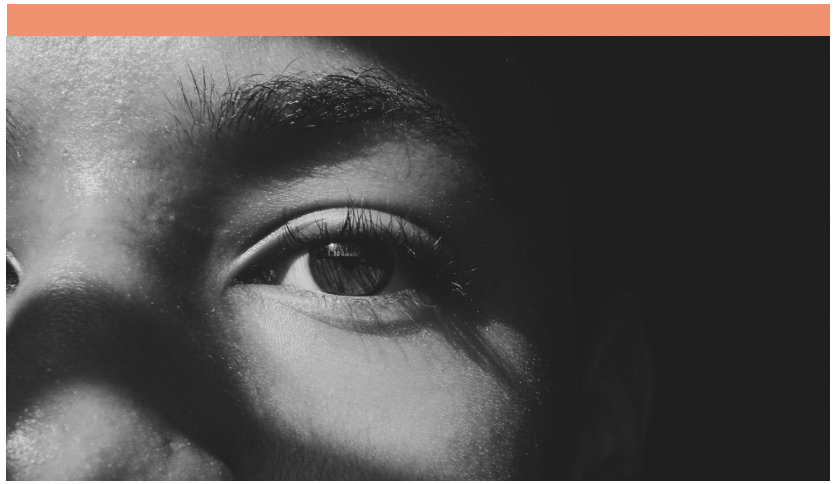
DISCUSS WITH YOUR PARTNER: (10 MINS)

- What agreements do we want to have before working together with our client?
- What are your markers of stress?
- What helps you to come back to yourself and to therapeutic presence?
- What are some ways we can help resource each other in those moments?
- What other questions do you want to ask one another to establish a strong co-therapy foundation?

Gorman et al., 2021

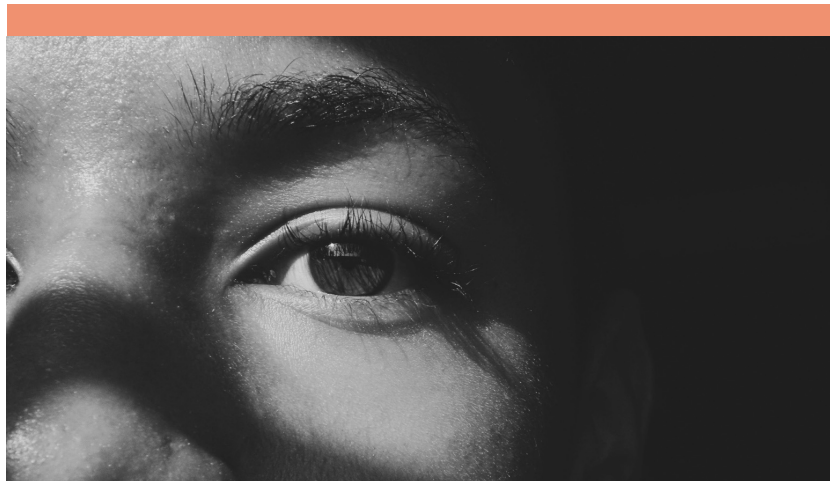


Co-therapy Challenges



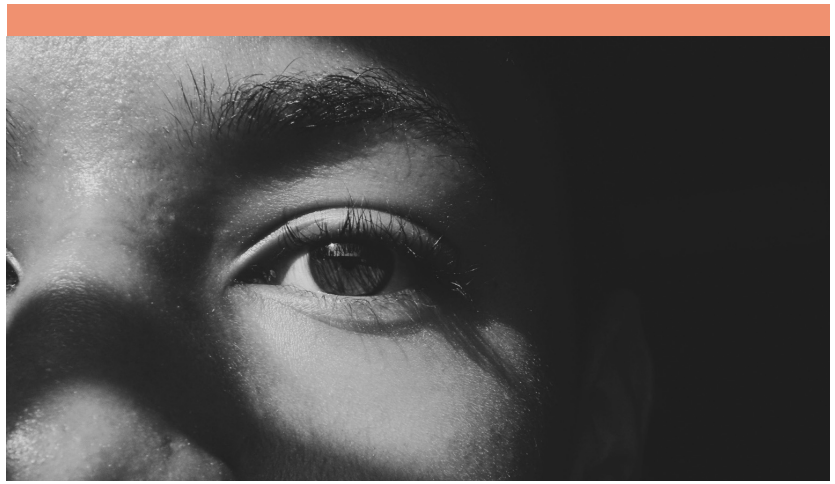
Emily and Jake are two mental health professionals who were hired to provide co-therapy for a clinical trial of a psychedelic-assisted therapy protocol for a treatment-resistant condition. Emily had been involved with this study for several years and had some additional responsibilities in this particular 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.

Co-therapy Challenges



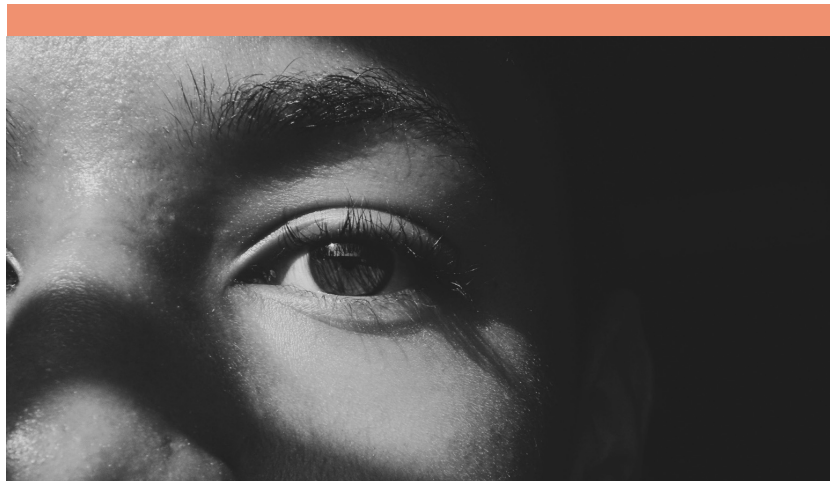
The study protocol was very demanding for both Emily and Jake. Emily was able to prioritize the study and work extra hours during the week and so took on more of the work. Jake has small children at home and had more difficulty managing the workload. The assessment revealed that the participant was really struggling with her symptoms and had limited support in her life. In fact, there was some discussion by 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.

Co-therapy Challenges



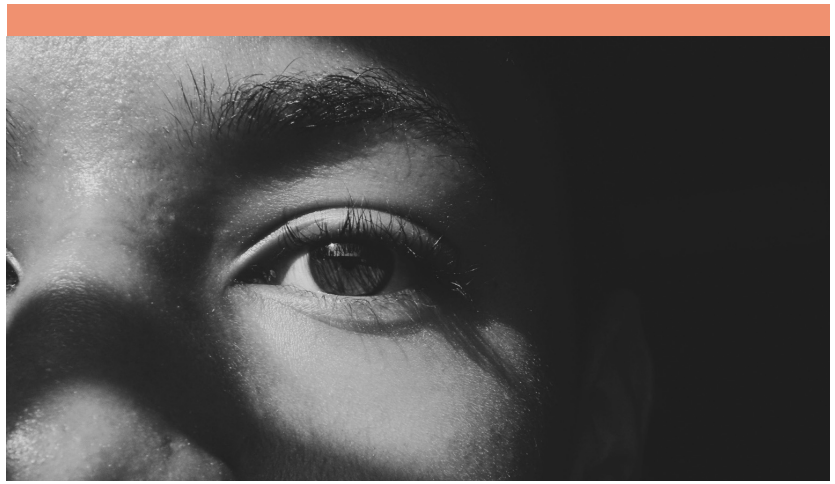
The Preparation Sessions went smoothly. The co-therapists and the participant were all excited about the opportunity to participate in the study, and all were feeling confident about the healing potential of the intervention. Emily took the lead in facilitating the sessions but left plenty of space for 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 (e.g. check-in calls in between prep/integration) and how closely to stick to the study protocol for these. Meetings with their supervisor were uneventful.

Co-therapy Challenges



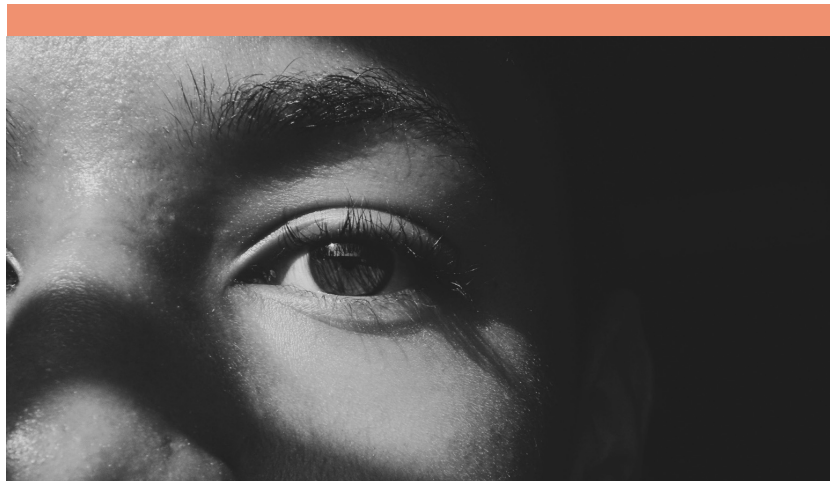
The dynamic changed significantly over the course of the Medicine and Integration sessions. The participant had big, mind-manifesting experiences with the medicine and transference emerged as the central material for processing. These sessions were also destabilizing and exhausting and the participant needed time and support to recover each time. Emily tended to create more space in her schedule to be available for the participant outside of study protocol parameters, while Jake preferred to maintain the boundaries of the protocol but felt pressured at times into offering more which was challenging for him. 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.

Co-therapy Challenges



The differences between Emily and Jake's approach created some confusion for the participant and led 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.

Co-therapy Challenges



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.

CO-THERAPY GROUP DISCUSSION (10 MINS):

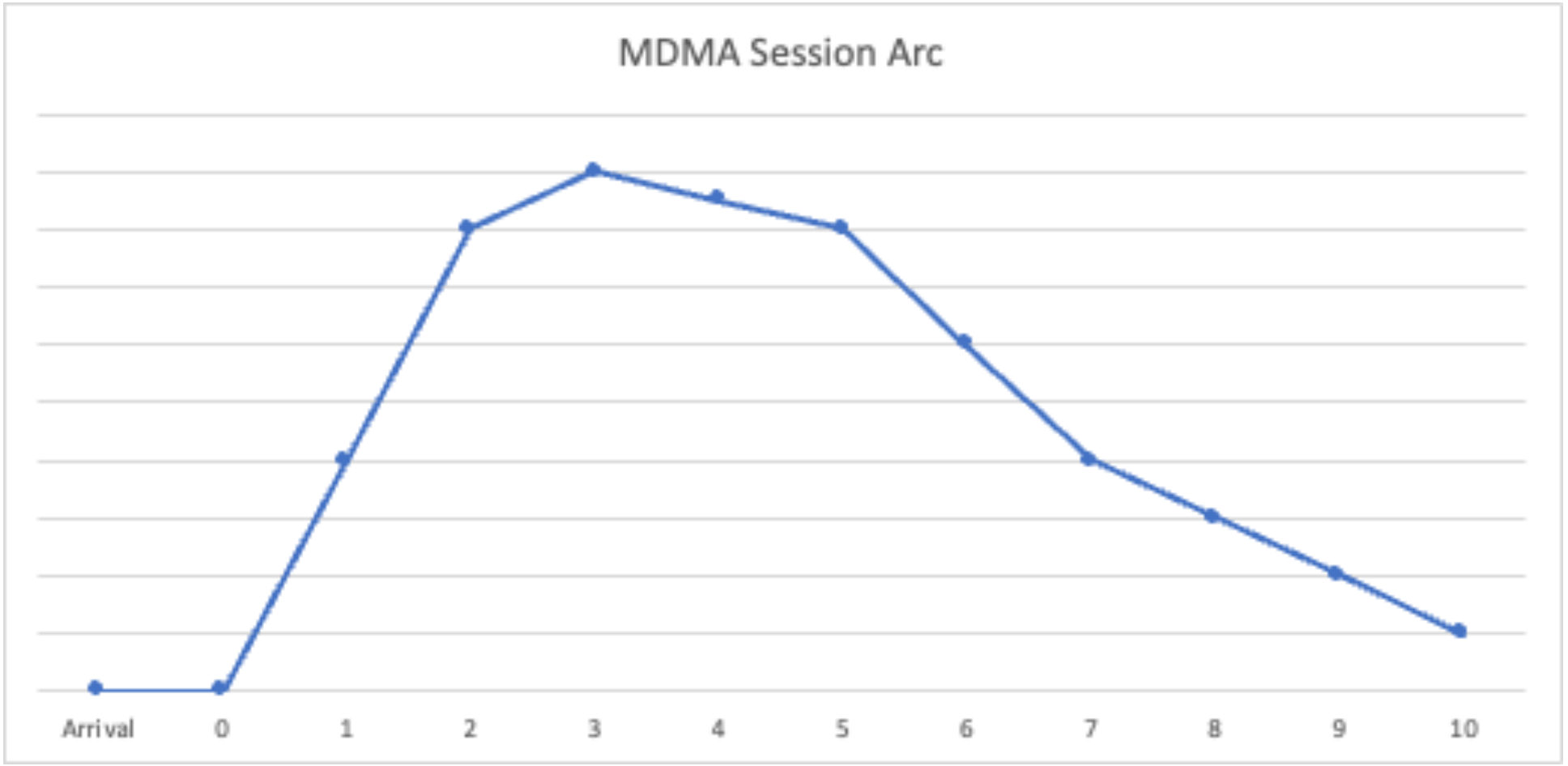
- What problems arose that may have impacted the participant?
- What could have been done differently?
- What could have helped to mitigate or prevent this situation?

OTHER QUESTIONS THAT SUPPORT CO-THERAPY

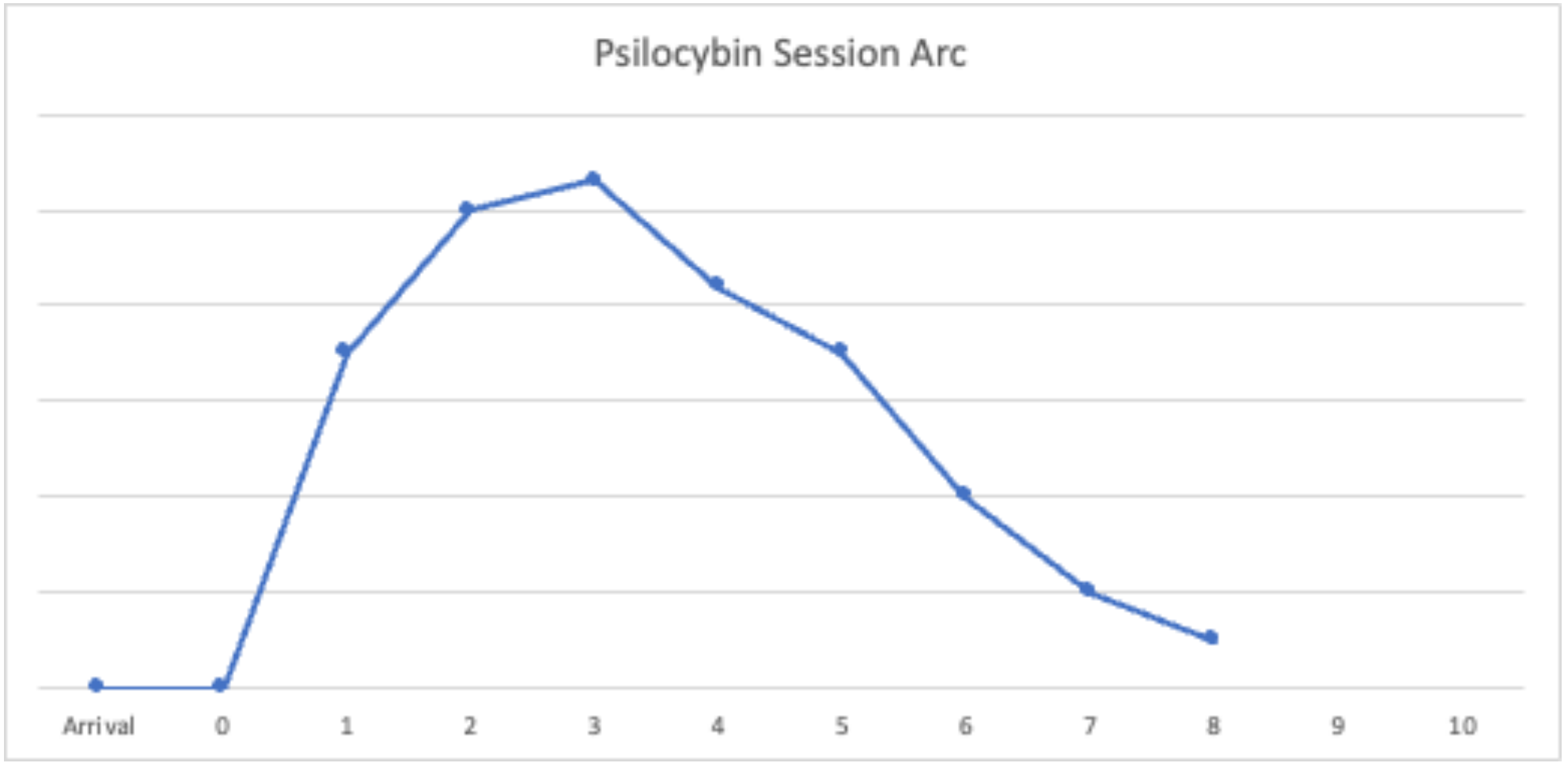
- What are your therapeutic orientations?
- How comfortable are you with inner-directed therapy and trusting the client's inner healing process?
- What practices do you do to support yourself outside of sessions?
- What uncertainty or concerns do you have related to this work or working together?
- How do you respond to and manage conflict when it arises (and how can we do this inside and outside of the session?)

OTHER QUESTIONS THAT SUPPORT CO-THERAPY

- Are there any aspects of your life that are currently tender that the other should know about?
- What, if any, past experiences may get triggered or would be good for the other therapist to be aware of?
- What are the behaviours you exhibit when you start to become triggered/activated? (e.g. checking out, talking more, becoming dominant or submissive?)
- What are your greatest resources?



ARRIVAL ONSET PEAK EFFECT TAPER INTEGRATION & CLOSING



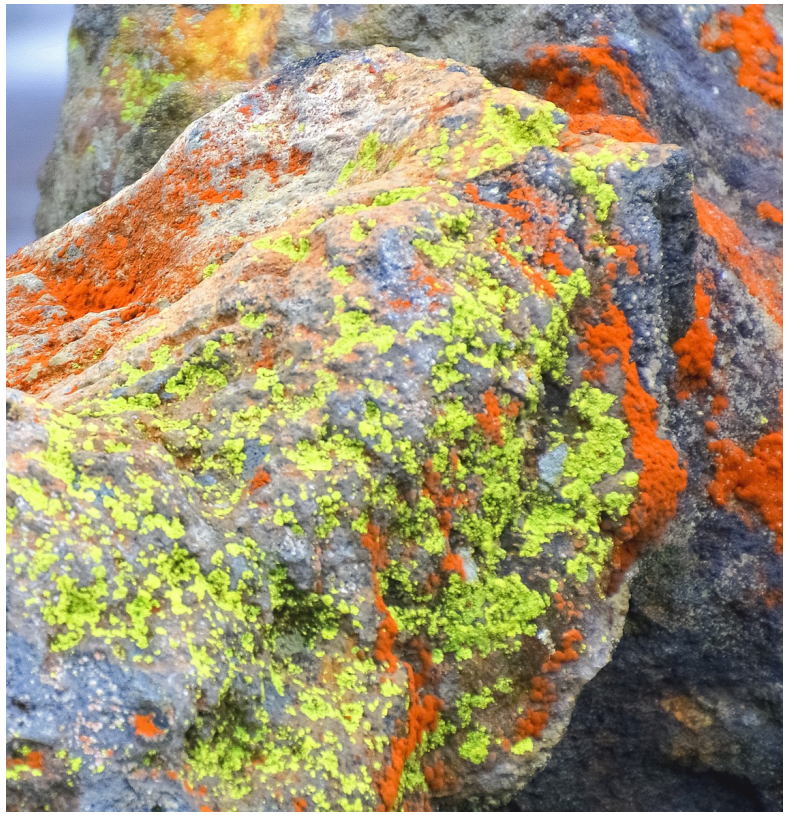
ARRIVAL ONSET PEAK EFFECT TAPER INTEGRATION & CLOSING

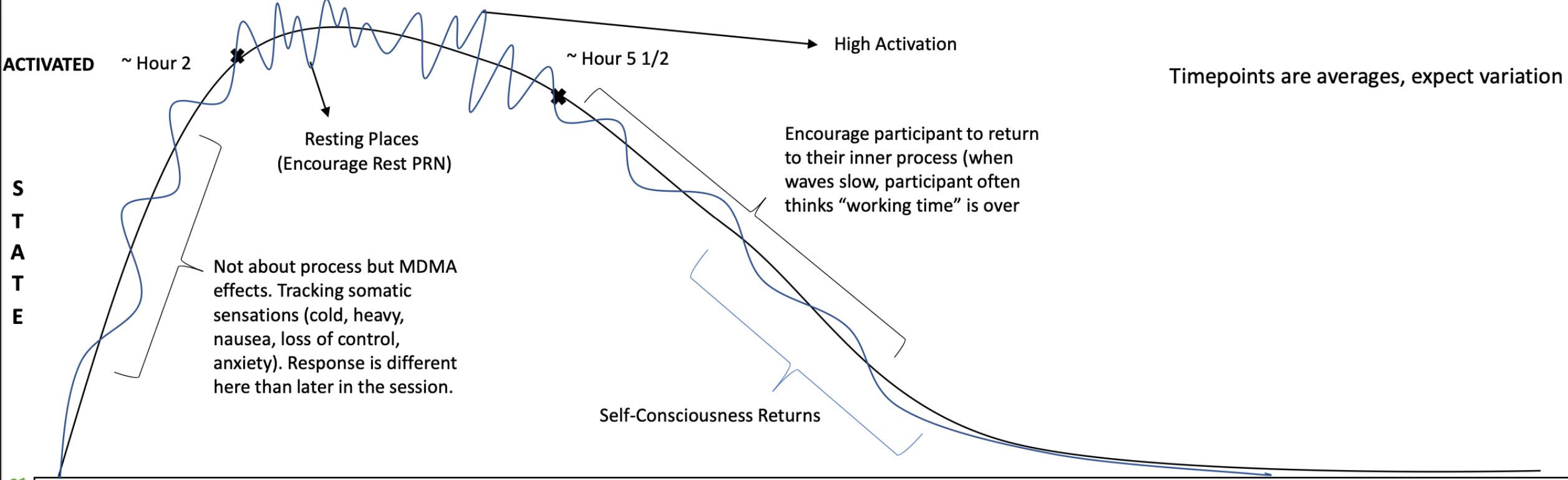
THERAPIST FOCUS DURING EACH PHASE OF THE ARC

SMALL GROUP EXERCISE - 5 PEOPLE, 30 MINUTES, IDENTIFY TIMEKEEPER, RECORDER AND REPORTER

What elements are important to include during each phase of the session arc and what is your focus as a therapist in each phase?

- Section 1 (10 mins)
  - Arrival
  - Initiation and onset
- Section 2 (10 mins)
  - Peak
- Section 3 (10 mins)
  - Taper
  - Integration and closing
- Handout - Assign one person to fill in the chart provided as you move through the exercise





HOUR	0	1	2	3	4	5	6	7	8	9

ONSET	ACTIVE (Main Working Phase)	Tapering of Effects	Approaching New Baseline	New Baseline
FOCUS: INWARD, PRESENT MOMENT EXPERIENCE, ENGAGE RIGHT BRAIN	BALANCE BETWEEN INNER AND RELATIONAL WORK (Non-Linear following participant)	TENDS TO RELATIONAL, CURIOUS SURRENDER, RELEASE, STRUGGLE, INSIGHT, "AH-HA" MOMENTS		EVERY DAY LIFE CONCERNS RETURN
MUSIC: Slower, Spacious, Welcoming, Inquiring, Curious	Tempo and Energy Increase to match participant. Also, have spacious music to match waves. Open-hearted, deep, powerful.	Relaxing, Slower Tempo, Integrating, Connecting, Spacious, Thoughtful, Considerate		

Module 6 Small Groups

- Choose 3 pieces of music to represent the beginning, middle and end of the medicine session.
- Provide a rationale for why you chose these.
- When you meet with your small group play one song that each of you chose (one from each segment of the medicine session)
- Discuss what came up as you listened to the songs – what is similar, what is different in each of your experiences?

Honouring and Witnessing