

Module 3

Inquiry and Psychedelic- Assisted Therapy

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EMBODIED INQUIRY FOR PAT



AGENDA

Welcome, agreements, L.A.	01
Arrival practice	02
Context, Objectives & Overview	03
IFS, Inquiry and PAT	04
Cases & Small Group Work	05
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EMBODIED INQUIRY: OBJECTIVES

- Apply embodied (mindful and somatic) inquiry skills at an introductory level
- Describe the components of inquiry
- Utilize inquiry skills to help clients process challenging experiences
- Direct clients to mindfully attend and stay with experience using the body as a source of information and anchor for attention



EMBODIED INQUIRY: SESSION 3 LEARNING OUTCOMES

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

- Apply the use of embodied inquiry within the context of IFS parts work at an introductory level
- Describe the intentions of Embodied inquiry through the arc of PAT - Preparation, Medicine, and Integration Sessions
- Use inquiry to work with dysregulation
- Apply inquiry as a reflective and/or present moment experience during PAT



Internal Family Systems: Demo and Inquiry

IFS DEMO PARTICIPANT INSTRUCTIONS

Attend to both client and therapist interactions. Record the relevant questions and reflections by the therapist and client that relate to the items below using your checklist:

EMBODIMENT

Empathic abiding presence
Curiosity
Kind attention or lack – how are therapist and client relating to the experience

ATTENTION

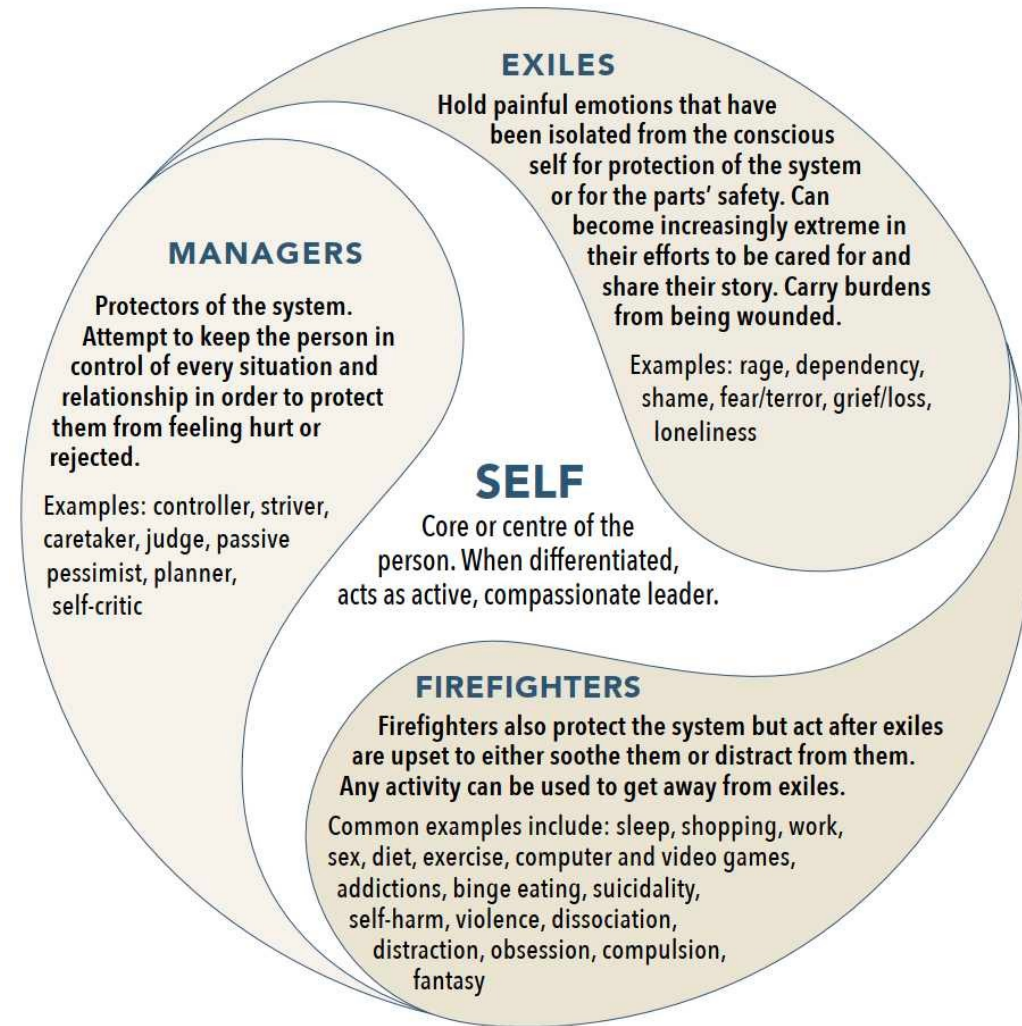
Orienting to the Present
Orienting to the Body
Tracking – experience

PROCESS

De-centering
Unblending
Approach/Turning toward difficulty

Internal Family Systems (IFS) model

THE INTERNAL SYSTEM



Embodied Inquiry for Preparation

1. Attending to intentions and managing expectations.
2. Addressing hopes and fears.
3. Inquiring into and anchoring resources and how to utilize them.
4. Assessing readiness – getting consent from the parts (or not).

Leo Case 1: Preparation

THERAPIST TASKS

- Getting to know the client
- Building therapeutic relationship
- Mapping – capacities, parts

PRIMARY WORK

- Explore consent from the client's parts

INQUIRY

- Attending to the client intentions, expectations and how expressed
- Inquiring into resources available and how to access, know, when to use
- Addressing the future (hopes - miracle question (fears - if not met
- How ready is the client – what is telling them (addressing parts - consenting/not consenting to PAT)

Leo Case 1: Preparation

CLIENT TASKS

- Authentic
- Express concerns and ambivalence
- Explore working with multiple parts and emotions in relation to moving forward with the medicine session

EMBODIED INQUIRY:

- Overall goal/intention is moving from rigidity to flexibility, psychology & physiology
- Experiential avoidance keeps us stuck. E.A can be a helpful and necessary survival strategy.
- Embodied Inquiry is a tool to facilitate and opening up to what has been avoided to support a different approach to difficulty using the body
- The Somatic lens intends to create the conditions to keep the client safe and anchored in the body, enabling them to move towards activation, difficulty, and the client's gifts.



Psychological Flexibility

Be aware
Mindful Presence

Embodied
Inquiry

Layer 1 -
Noticing

Resourcing

RESISTANCE / EASE

FIXED / CHANGING

PERSONAL / IMPERSONAL

Layer 2 –
Decentering &
Tracking

Layer 3 -
Integration &
Future-Focused

- Titration
- Pendulation
- Parts

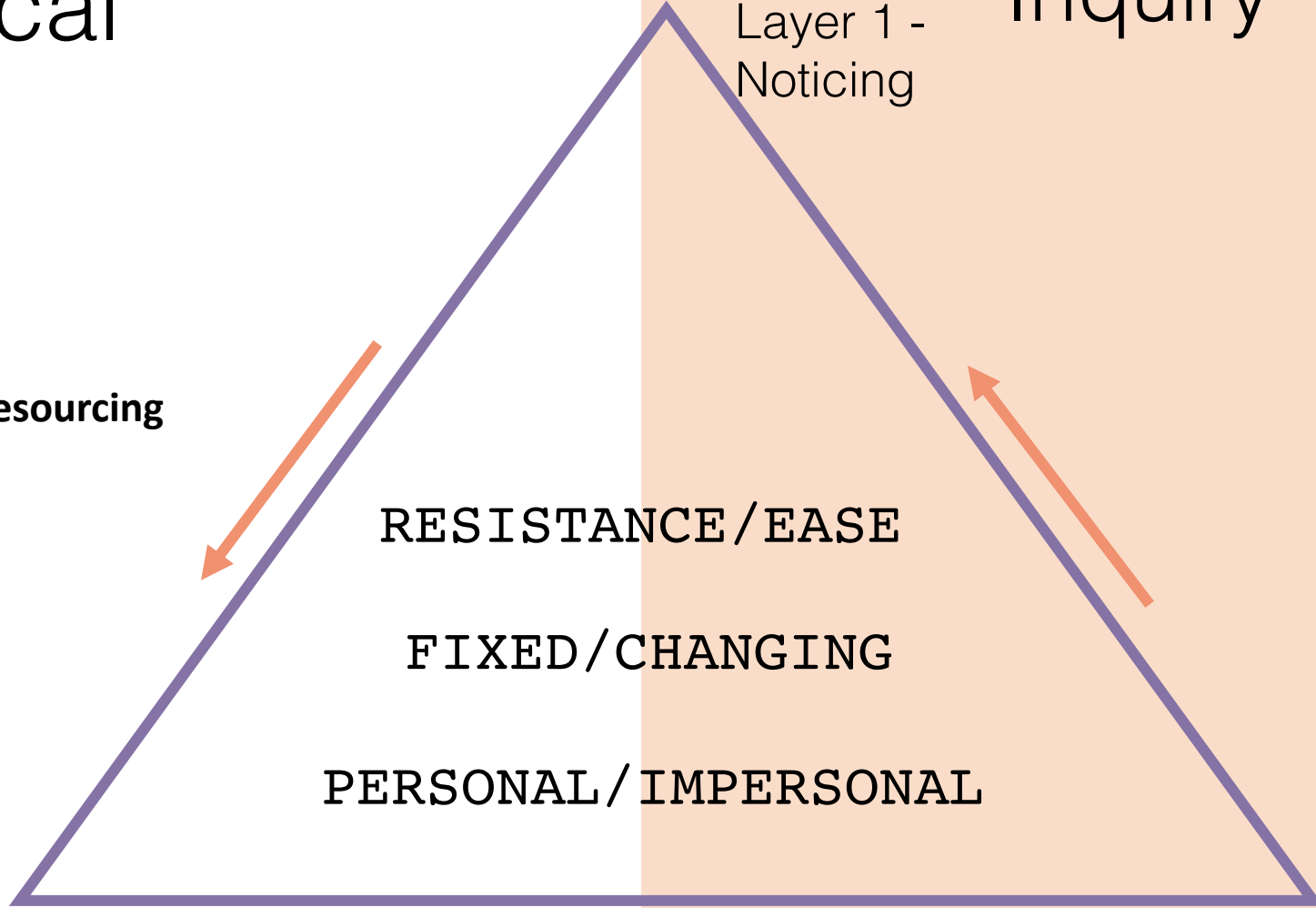
Turn
Toward

BE OPEN & BE WITH



Values

DO WHAT MATTERS



Embodied Inquiry Steps

1. Identify/elaborate a resource
2. Bring attention to direct experience
3. Track/describe experience (somatic, nervous system etc.)
4. When possible, stay with, and bring kind attention to difficult states (pendulation and titration as needed)
5. Recognize when self-care and resourcing are required
6. Create and support more functional meaning to emerge
7. Reinforce, integrate and apply the learning beyond the session

Inquiry Process

- Inquiring – into client experience
- Listening (active – verbal/non-verbal)
- Reflecting
- Following (tracking the client)
- Directing/Re-directing
 - Inhibiting,
 - Stimulating – amplifying; increasing vitality
 - Reinforcing – naming; describing, embodying (anchoring)
 - Clarifying
- Containing
 - Regulating
 - co-regulating
 - Resourcing
 - Meta-awareness
 - Intersubjective field
- Supporting Integration (completion)

Embodied Inquiry for Medicine Session

1. Real time inquiry (present moment)
2. Client led – with very selective interventions from the participant
3. Returning client to the embodied experience – directing attention back to sensation or emotions etc. - e.g. what happens in your body when you talk about that? Can you really take in the good?
4. Deepening the Experience – e.g. what is beneath that? What happens if you stay with that?

Jane Case 2: Medicine Session

THERAPIST TASKS

- Support and inquire during the session and early integration

PRIMARY WORK

- Inquire into the fortress and its transformation into a cocoon – and the relevance of this for integration

INQUIRY

- Inquire into experience – awareness – images, sensory experience
- Work with the fortress and trapped girl – bring supportive inquiry to it – connection to these images
- Elaborate the resource of the cocoon and how to integrate (into the different aspects of experience)
- Inquire into the relationship between her (self-energy/wise/adult part) and the young hurt part – how can the former work with the latter when she goes home (beginning integration – keeping it alive)

Jane Case 2: Medicine Session

CLIENT TASKS

- Bring up a challenging memory – loss of supportive friendship – teen
- Realizes frozen, alone and in pain since that time
- Images of the trapped girl, fortress around her heart and its transformation into a porous cocoon. - describe cocoon
- Identify how from her wise adult/self-energy she will continue working with this after the session

Embodied Inquiry for Integration

1. Process of opening up the experience and exploring the different components of experience
2. Reflective inquiry – exploring content from the assisted session
3. Present/ real time inquiry – attending to what comes up in the session
4. Future Focused – committed actions, how this connects to their lives going forward
5. Working with regulation and dysregulation

Rory Case 3: Integration

THERAPIST TASKS

- Work with the discordance between the client's identity and vision during the ceremony to bring some coherence, re-appraisal, re-framing

PRIMARY WORK

- Address integration needs emphasizing normalizing, meaning making and spiritual needs

INQUIRY

There will likely be a place for both reflective, present moment and future focused inquiry as you explore what came up in the ceremony as well as how to move forward.

- Help the client make sense of the experience
- Reflective Inquiry – looking back at the medicine session (What came up?)
- Present moment inquiry – what continues to unfold since the experience (What are you noticing now?)
- Future focused Inquiry – functional meaning maker for the future (How might this experience be valuable going forward?)

Rory Case 3: Integration

CLIENT TASKS

- Express his sense of lack
- Discuss loneliness and feeling of emptiness
- Explore desire for deeper meaning and purpose
- Express discordance of the vision with his identity