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Psychedelic Harm Reduction and Integration (PHRI) Training Guide

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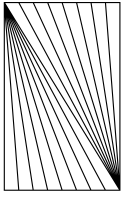
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INTRODUCTION TO THE TRAINING GUIDE

This guide for psychedelic harm reduction and integration is intended to serve as a resource for your work as a PHRI practitioner. It is meant to provide guidance for novice PHRI practitioners seeking to support integration for clients who are considering or are already using psychedelic substances. Psychedelic Harm Reduction and Integration (PHRI) utilizes harm reduction psychotherapy (Tatarsky, 2007) and psychedelic-assisted therapy frameworks to assist clients in their psychedelic journey. This guide focuses on assessment, preparation, intention setting, integration, somatic mindful inquiry, and finally, on ethical and legal considerations. A primary focus of PHRI is on the integration of the psychedelic experience to support clients to process what has occurred and incorporate the insights and learnings into everyday life (Gorman et al., 2021; Pilecki et al., 2021).

This document is the outcome of a review of the current literature on psychedelic-assisted therapy (PAT), our own continuing education, teaching, and experience as practitioners inside and outside the field of psychedelics. We recognize that PHRI and PAT are emerging fields in evolution. This guide is our attempt to reflect current best practices for PHRI and PAT informed by several approaches including but not limited to harm reduction, mindfulness-based and somatic therapies, and experiential learning.



ASSESSMENT

Introduction

Assessment in this context is first and foremost concerned with safety, risk, and harm reduction. As a regulated or unregulated practitioner, you may or may not be directly involved in assessment. However, from a harm reduction perspective, it is essential to address safety, and discern whether it is within your scope to be working with this client, and the degree of risk to the client taking these medicines. When doing an assessment, there are many factors to consider, including set (person's internal resources and life circumstances) which will vary according to the individual, as well as the medicine the client is either already working with, or planning to take. This includes dosing, the intensity of possible effects, potential adverse effects, the setting and context, and the client's current suitability for engaging in this process.

As a harm reduction practitioner, your role is to help ensure the client is as safe as possible and to minimize risks associated with non-clinical ingestion and procedures. It is not within your role to suggest, condone, or recommend illegal use of these substances. Please note that those who have a professional designation will be expected to engage in formal assessment and record keeping as per their clinical practice and governing body.

Guiding Questions

A central principle guiding assessment is to determine the degree to which the client has psychological flexibility and stability, tools for managing dysregulation, and a willingness to be with what arises internally and externally (environmentally and interpersonally).

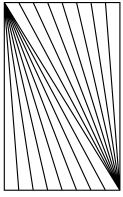
You are trying to assess the following:

- Is it relatively safe for the client to do this work?
- Is the person stable and/or in remission from a mental or other medical condition?
- Is the person ready and do they have the tools for psychedelic work?
- Do they understand the potential risks?
- Does the client have the resources (internal/external), and ability to manage triggers?
- Do they understand that their mental and emotional states and interactions with the environment may be significantly disrupted, requiring significant integration work?
- Do the client's psychosocial circumstances support this work? For example, do they have a support network, relatively stable employment, and/or housing?

Key Considerations for Assessment

Health Details and Planning

- Relative contraindications, including:
 - Past or present mental health and addictions conditions whether formally or self-diagnosed (including a history of multiple adverse childhood experiences, complex/chronic history of relational trauma)



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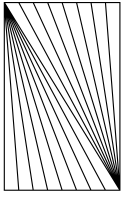
- Current and/or past treatments for the above
- How the client manages these
- Medications & supplements (identifying interactions with the substance)
- Potential medical contraindications
- Social supports
- Managing client expectations
 - Identify realistic, yet hopeful expectations - i.e., the client does not anticipate a long-standing chronic condition to disappear in one or two sessions, if at all
- Informed consent
 - Part of planning the psychedelic journey includes ensuring that the client is fully informed regarding the process and potential adverse effects and is aware that these may be part of the process

Set - the client's internal environment and state

- Current circumstances influencing wellbeing - environment, social, financial, work, physical and mental health etc.
- Internal resources - capacity and ability to manage, turn toward and regulate challenging mind and mood states
- Intentions and/or goals for the process
- Coachability and willingness - to be actively engaged, accountable and take responsibility for their therapeutic work. Understanding this is an active and engaged process is essential.
- Timing - Does the client have the availability and support to manage dysregulated states and for their life to be potentially disrupted? The Perceived Stress Scale may be a helpful tool to explore their threshold for increased stress.
- Experiential avoidance (desperation) - Commonly the client's unconscious or undisclosed intention is that they want the suffering to be eliminated and don't understand that these medicines can be catalytic but are neither a panacea nor a quick fix. They do not realize that paradoxically wanting to get rid of a state may actually make it worse.

Setting - the physical environment and container for the psychedelic experience

- Facilitator: Level of experience and personal fit for the client
- Space: Group versus one to one - what setting would be optimal for the client?
- Length of time: retreat (multiple experiences) versus one-day session
- Safety assessment - what medicine might work well for their presenting concerns and intentions (e.g. MDMA versus Ayahuasca for PTSD)



Potential Contraindications and Considerations

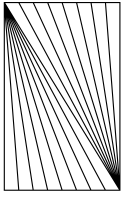
This is a complex process, given the regulated and unregulated practitioners working in the field, and the populations undergoing altered states. Note that clients will often either not report nor have a formal diagnosis of a mental disorder, or if they do, it may not be accurate, or they may deny its validity.

It is also important to recognize that there are those for whom it may never be suitable to work with these medicines due to psychiatric and medical conditions that would put them at risk. It is essential to have a medical professional with whom you or your client can consult.

Contraindications can vary and are dependent upon individual factors (mental/physical health), their social circumstances the medicine, set, and setting. Here we have listed a number of ways of thinking about who may be at most risk. Note that ingesting any psychoactive substance will have some degree of risk, and it is essential that the client is informed of this.

The following key categories accrue to risk, falling within the area of mental health and addictions (Silveira & Rockman, 2021). Formal and structured assessments are more likely to yield useful information and help the clinician or practitioner avoid missing areas of risk. The following domains are areas to consider inquiring about and are meant to assist in determining suitability for PHRI or the psychedelic journey. If a client reports any of these symptoms, functional impairments, conditions, or risks this should trigger a deeper evaluation. If any of the items are a concern, they should be considered a potential contraindication, and if you are a regulated professional ensure that you document that you asked about these domains.

Domains for Assessing Contraindications and Risk			
Symptoms: May lead to risk to self/other, intentionally, or unintentionally	Functional Impairments: Decreased function may enhance risk	Conditions: Consider acuity and history	Material Risks: Concrete potential repercussions
<ul style="list-style-type: none"> - Homicidal thoughts - Suicidal thoughts - acute/chronic - Disordered thinking - Uncontrolled Anger/Violence - Hopelessness 	<ul style="list-style-type: none"> - Personal Care (Basic and Instrumental ADLs) - Dependents - Licenses - Relationships - Work 	<ul style="list-style-type: none"> - Affective/Mood Disorders - (e.g., Bipolar Disorder) - Psychotic Disorders (e.g., Schizophrenia, Schizoaffective) - Personality Disorders (e.g., Borderline) 	<ul style="list-style-type: none"> - Child safety - Other dependents - Motor vehicles - Suicide attempt or completion - Homicide attempt or completion



<ul style="list-style-type: none"> - Delusions - Grandiosity - Command hallucinations - Other Hallucinations - Attention Deficits - Memory deficits - Judgment Impaired - Insight Impaired - Active Alcohol use/dependence* - Active Substance use/dependence - Impulsivity 	<ul style="list-style-type: none"> - Education - Housing - Finances 	<ul style="list-style-type: none"> Personality Disorder) - Anxiety Disorders (e.g., PTSD, Panic Disorder) - Active Substance Use Disorders - Active Eating Disorders (e.g., Anorexia Nervosa) - Certain medical conditions (e.g., hypertension, cardiac disease, epilepsy) 	<ul style="list-style-type: none"> - Suicide + homicide - Injury - Decreased self care - Victimization and elicited - harm from others - Work - Financial - Housing - Firearm use
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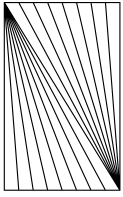
*Alcohol is separated from other substances because it is so ubiquitous and often missed in assessment

Please note that the following are considered *absolute contraindications* for MDMA for PTSD (Mitchell et al., 2021). There are absolute contraindications associated with other compounds and it is beyond the scope of this document to address these. Please refer to the literature for further information.

- Primary psychotic disorder
- Bipolar I disorder
- Dissociative identity disorder
- Eating disorders with active purging
- Major depressive disorder with psychotic features
- Personality disorders
- Current alcohol and substance use disorders

Protective factors for increasing suitability:

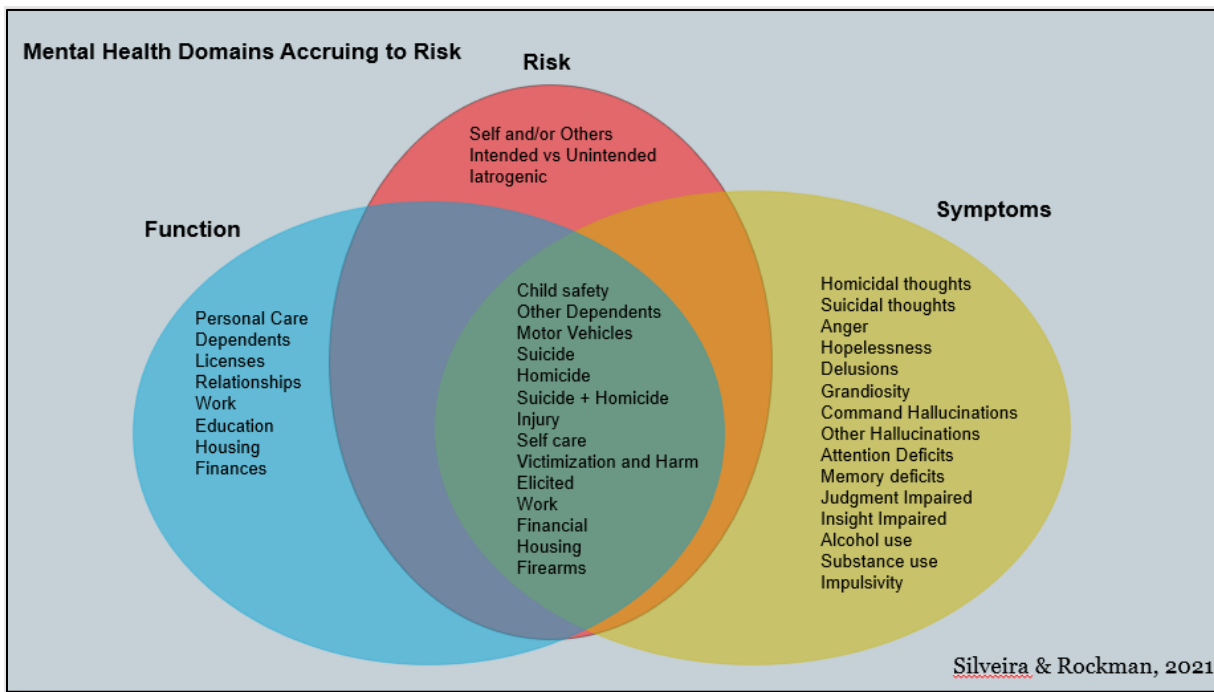
- A support network - family, friends, therapist etc.
- Meaningful work or volunteer activities
- Accessible internal resources
- Tools, practices, and frameworks that facilitate turning toward, staying with or exposure to what is occurring versus engaging in avoidance
- Previous experience with psychotherapy or other personal work
- Openness to collaboration with and feedback from the practitioner
- Subjective experience of readiness and enough stability



When a client's current personal condition or life circumstances makes this an inappropriate time to engage with psychedelics, the following may support them:

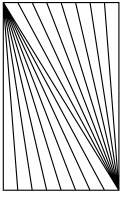
- Therapy - increasing skills (insight, mindfulness, somatic awareness, cognitive/emotional awareness, behavioural) and increasing window of tolerance
- Increasing their support network
- Developing some practices and tools for self-regulation or managing triggers
- Breathwork as an alternative to psychedelics

The following diagram may be used as a desktop tool or checklist by the practitioner when engaged in assessment of risk to potential PHRI clients (intended or unintended; to themselves and/or others).



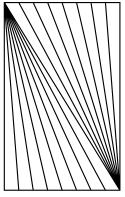
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PREPARATION AND HARM REDUCTION FOR ALTERED STATES

Introduction

A significant aspect of the preparation phase, prior to the ingestion of the psychedelic compound is to create a harm reduction and preparation plan. This is to protect both the client and the practitioner offering PHRI services. Note that the practitioner should be aware of potential legal and ethical issues and consider risks to themselves in delivering PHRI (Jade, 2018).

A harm reduction approach generally refers to a shift in perspective away from substance misuse as criminal, immoral or a disease. Rather such use is seen as a complex process consisting of multiple variables including psychosocial and biological elements. As developed by Tatarsky (2002), psychotherapy and treatment of the substance use includes harm reduction principles and individualized treatment, consisting of psychotherapeutic modalities derived from a variety of sources.

According to Tatarsky there are seven tasks for the practitioner to embrace who is engaged in Integrated Harm Reduction Psychotherapy:

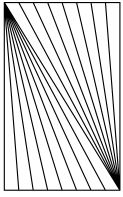
- Developing the therapeutic alliance
- Develop the client/practitioner relationship as an agent of healing
- Enhancing client self-regulation and self-management
- Assessment as part of the treatment
- Helping the client to accept ambivalence
- Engaging the client in harm reduction goal setting
- Individualizing a client plan for positive change

While PHRI is not, in the context of psychedelic assisted therapy, being applied to substance misuse, Tatarsky's approach is applicable. Integral to PHRI is the fostering of client self-efficacy, amplifying collaboration with the practitioner, and concretizing the plans for the psychedelic journey during preparation. This can be supported by encouraging the client to use a journal throughout the psychedelic assisted therapeutic process. Recording the preparation plans externalizes them, thus making them substantive. It also assists the client to keep these plans in mind, providing a way to make them personally accountable for their self-care prior to, during, and after the session. The practitioner may suggest the client keep a few important notes available to support them as needed.

Preparation Checklist

The needs or tasks of preparation include but are not limited to:

1. Identifying and reducing client risk



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- Current stressors and coping strategies
- Review contraindications of the treatment-relative and/or absolute
- Review current medications and potential interactions
- Review any recent changes in diagnosed conditions
- Identify important agreements to put in place with the session practitioner/guide
 - Therapeutic Touch
 - Managing challenging states or behaviours
 - Limits of Confidentiality
- Medicine Session - source, dose, drug testing, potential adverse events and interactions
- Safety plan (especially if the client is doing the session alone)
 - Consider support person, emergency contact, check-in(s)
 - If the client is engaging in the session alone there will be other considerations beyond the scope of this document (e.g., safe physical space, support network, meeting basic needs)

2. Developing, reflecting on, and refining intentions (see Intentions Handout)

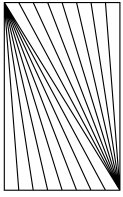
3. Identifying and managing expectations

- Welcoming all experience
- Difficult experiences can be turned toward, support reframing “bad trips”
- Curiosity as an ally and antidote
- Reappraising any experience as useful

4. Cultivating Set and Setting - Identifying the client's internal and external resources

- Preparing the set (body and mind)
 - Dietary considerations, avoiding other substances and alcohol
 - Establishing additional internal resources to assist with the session
 - Change readiness (Prochaska's stages of change) - Is the client in the action stage?
- Familiarity with the setting
 - Maintain choice re the environment where possible
 - Supports (external) - resources or rituals that may optimize the experience and enhance sense of safety
- Guide/Therapist
 - Scope of practice
 - Building rapport
 - Collaboration with the client

5. Creating a support and self-care plan prior to, during, and after the session

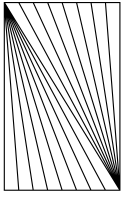


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- Identifying helpful resources
 - Readings/articles
 - Art (music, visual art)
 - Human (friends, family, therapist)
 - Rituals
- Support objects
 - Blanket, stuffed animal, meaningful item, water, food, music, journal, paper/markers etc.
- Support people
 - Present at the session
 - To engage following the session
- Support person (for people engaging in the session alone)
 - Enhance safety
 - Meet the needs of the client (can provide consensual, appropriate, supportive touch)
 - Manage the environment - reduce stimulation, play music
- Address triggers, coping and self-regulation skills
- Educate re Window of Tolerance - discuss strategies for regulation
- Anticipate and strategize management of distress before/during/after session
 - Planning for distress
 - Normalize difficult experiences and provide additional strategies as required
- Identify current tools and develop new tools to manage difficulty and expand window of tolerance
 - Written simple intention
 - Cognitive/emotional strategies
 - Mindfulness and somatic practices: pausing, turning toward body sensations, naming emotions, breathing exercises, conscious connected breathing, prolonged exhale, self-soothing, self-talk, hand on heart, grounding and sense exercises, water

6. Developing a plan for navigating the period following the session

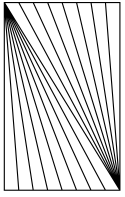
- Who will support them? Where will they be? What will they do that will be supportive? How to optimize this period?
- Logistics
 - Getting home - support required
 - Cultivating an environment for optimizing learning and support
 - Ensure uninterrupted time, a safe space, a safe person, privacy as needed for slow re-entry
- Days following
 - Reflecting on the experience - meditation, movement, art, writing
 - Letting go of the Psychedelic Session - What is being taken from the session? What am I leaving behind?
 - Processing/sharing the experience with others (with discernment)



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https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3181334.
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INTENTION SETTING

Introduction

Intention setting is a means to help the client set a direction or aim for the psychedelic process, and has been correlated with peak experiences, well-being, and better outcomes (Carhart-Harris, 2018). It is considered an important part of the preparation phase, linked to concrete goal setting and the integration that follows the medicine session.

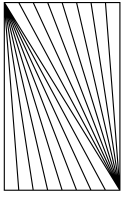
Intentions aim to:

- Encourage curiosity and reflection about the client's motivations
- Orient the client toward the applying of what will be learned in daily life
- Encourage the client to turn toward difficult states and challenges rather than engaging in experiential avoidance
- Serve as a frame of reference for deriving meaning from the psychedelic journey and integration sessions
- Provide a perspective from which to process the psychedelic session during integration
- Provide direction for the process that is consistent with the client's values and goals

The key principles (Watts & Luoma, 2020) include:

- Intentions are simple, clear, and focused
- Intention setting includes discovering, distilling, and refining the client's underlying beliefs, cognitive and emotional patterns, and identifying their relationship to the intention
- Intentions support a future-focused view
- Separate intentions from expectations
- Intentions can be a changing and ongoing exploration
- Intentions are often directly related to the client's suffering, need for change, and values
- The expression of intentions in the psychedelic session may arise differently than how the client imagined or expected
- Expectations need to be identified and managed
- Expectations may narrow or limit the client's view
- The gap between the desired outcome (expectation) and the actual outcome may result in psychological and emotional challenges for the client
- Expectations may be tied to limited outcomes

Intention setting, as part of the preparation process for psychedelic-assisted therapy, provides the opportunity to educate the client about the value of psychological flexibility, acceptance, and the importance of reducing experiential avoidance. The Numinus approach to psychedelic-assisted therapy, including PHRI, relies in part on principles and techniques derived from Acceptance and Commitment Therapy (ACT) (Watts et al., 2017; Watts & Luoma, 2020).



Intention setting can allow the client to begin to turn toward challenging mind and mood states as a means of contemplating what is wanted from the psychedelic journey, consistent with their values. This can also be reflected in how intentions are stated. This can initiate the process of developing a different relationship with the unwanted or the difficult, and beginning to promote de-centering or de-fusion (e.g., teach me how to heal and be with my pain rather than help me get rid of my suffering).

A small but growing evidence-base supports the overlap of stated outcomes of third-wave therapies and psychedelic-assisted therapy. These are those that promote openness, acceptance, cognitive and psychological flexibility, and the enhanced capacity to approach experiences versus trying to resist or avoid them (Walsh & Thiessen, 2018; Watts et al., 2017; Wolff et al., 2020). Note that intentions can change throughout preparation. They can be used to clarify what is important and act as a focus during the integration process. Organizing the intention setting around a specific framework can help clarify the intention and keep it more accessible during the psychedelic journey.

Intention Setting Frameworks

Show me, Help me, Teach me

This is a framework to support clients to refine their intentions to keep it simple and focused. It encourages clients to pick either show me, help me or teach me and then a basic emotion (fear, anger, guilt, sadness, shame, joy), essential quality (peace, love, compassion, connection), or a key theme that they feel they want support with. This could be an area they feel stuck, blocked, or a potential resource. It was developed by Dr. Tanya Kammonen (formerly Dr. Tanya Maté). See the video for more information:

https://www.youtube.com/watch?v=IObpC6IbUwQ&ab_channel=MappingMedicin

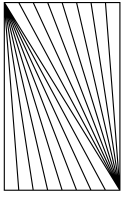
The Miracle Question

The miracle question, developed by Steve de Shazer & Insoo Kim Berg, can support the client to make an intention and to imagine the possibilities of what would look, feel, and be different if the intended outcomes of the assisted therapy were achieved (Walter & Peller, 2013). The outcomes are stated in positive terms (Watts, 2021). The miracle question is particularly useful when intentions are vague, or the client feels stuck or hopeless. The miracle question can be used as an exercise with the client and may be adapted for psychedelic-assisted therapy:

- If a miracle happened during your psychedelic journey, what would be different after it was over? How would you know?
- What are you longing for from this work? If it happened, what would be different in your day-to-day life? What would you be doing differently?

Inquiry for Setting Intentions

Setting intentions can take time and may require that the integration practitioner help to elicit these from the client. It is important that the practitioner does not impose their own agenda or make assumptions about what the client needs.



Rather, the therapist leads by following the client's process, reinforcing, and amplifying those aspects of the dialogue that lead in the direction of forming, making overt, and refining the client's intentions. Here is a set of inquiry questions to assist this process:

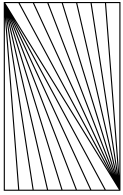
- What are you hoping for from the psychedelic journey?
- How will you know you received what you wanted?
- What will be different, if anything?
- What might get in the way of the experience?
- How might you meet any challenges that arise?
- What do you bring that could support you?
- How might you meet the unexpected?
- What would it be like to bring curiosity? How could you do that?
- What might it be like to open up to the unknown? To uncertainty?
- What might it be like if fear was not dominant?

The ACE Model

The Accept, Connect, Embodiment (ACE) model is derived from Acceptance and Commitment Therapy and the work of Dr. Rosalind Watts. It consists of a guided visualization method she developed in support of intention setting. The process includes a guided exploration that invites the client into the practice of opening up and connecting with emotions and the felt sense (somatic) of experience (Watts & Luoma, 2020). It utilizes metaphors of natural settings (e.g., the ocean) to explore turning inward and identifying what emerges for the client to then bring into the assisted session. Watch the video here: <https://www.youtube.com/watch?v=DpOFahXKe24&t=2794s>

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INTEGRATION

Introduction

The etymology of the word "integrate" refers to the act of bringing together the parts of a whole. It is the period that follows the psychedelic experience in which the client is working to bring, whatever insights have arisen, or learning acquired into everyday life. This process can be viewed as bottom up, in which sensory, somatic, emotional, and other dimensions of present moment experience form the primary, although not exclusive, building blocks of a cognitive formulation. There will also be clients who have a preference to process cognitively and emotionally. PHRI may thus be seen as a means of bringing together potentially disparate or discrete experiences, and ways of thinking about them, (common for example in post-traumatic stress), processing them in part, through the body, and ultimately bringing them into a coherent, functional, or helpful narrative. While integration can be done by the individual independently, engaging with a practitioner or guide is encouraged. Integration is one of the key practices that distinguishes recreational and therapeutic uses of psychedelic compounds and correlates with longer-term outcomes (Curtis et al., 2020; Phelps, 2017; Schenberg, 2018).

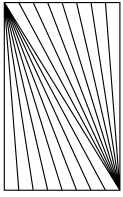
It should be remembered that people come to this work for a variety of reasons, from myriad backgrounds, with differing needs and intentions, along a continuum of mental health and well-being

Some are suffering from serious mental disorders, post traumatic stress, depression, seeking a spiritual experience or looking to enhance the meaning of their lives. Thus, the integration approach will be tailored to the needs of the individual client.

In one sentence, how would you define integration?

Integration Logistics

Integration provides the opportunity for clients to explore ongoing or emergent emotional material, make meaning of altered states as needed, and reflect on how to make behavioral and life changes (Gorman et al., 2021; Mithoefer, 2016; Pilecki et al., 2021). In addition, the integration practitioner can mitigate potential adverse psychological effects resulting from the psychedelic journey through psychotherapy and by assessing the client's state post experience. Supporting clients' integration exposes practitioners to significantly less risk relative to other aspects of a psychedelic journey because the client has already consumed the compound i.e., integration follows the psychedelic sessions. As a practitioner taking on this work, it's important to work through the following logistical considerations:



Goals

- Establish in the first session and shift with the changing needs of the client

Timing

- First session is recommended to be scheduled within the first two days of the experiential session (60 - 90 min)
- Subsequent sessions may occur over a range of weeks to months - trials tend to provide 2-3 sessions per assisted session (Mitchell et al., 2021; Watts, R. 2021)
- Some clients may remain in ongoing therapy
- Other clients seek integration services for a single session or multiple sessions, months to years following the psychedelic sessions

Contemplating Integration

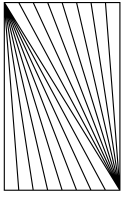
Prior to the integration session, the client needs to consider, reflect on, and record:

- What was learned, if anything?
- What are the main themes that came up from the session?
- What do I notice that is different, if anything?
- What might be the value of the experience as applied to my intention and life going forward?
- How might I actualize my intentions and what was learned?
- Looking at my schedule, how can I allocate time to reflect and be in relationship with this experience?
- Are there any sensations in my body (pleasant or unpleasant) that feel new or different, or surface when I'm thinking about aspects of the session? How might this information be helpful?

Practitioner Approach to Supporting Integration

The integration practitioner is engaged in a client and relationship-centered approach that relies upon meeting the client where they are rather than where the practitioner believes they should be. Therefore, it is important that both the practitioner and client remain open through the unfolding of the process, in order to extract the deepest learning, understanding that integration is an emergent process. Process-oriented and/or experiential approaches to psychotherapy that focus on a present moment orientation are commonly utilized in this work because they are viewed as consistent with an inner-directed approach to psychedelic-assisted therapy. Insofar as integration is non-linear and exploratory, the client's original intentions for engaging in psychedelic experiences can serve as an important constraint and anchor in the process. We have a bias toward the use of these kinds of modalities but recognize that other psychotherapeutic models may be of equal benefit. Research in the field is extremely limited and it remains to be seen whether one therapeutic modality will be more effective than another for integrating psychedelic experiences.

Psychedelic experiences can disrupt clients' existing resources for coping. They may help to deconstruct or loosen tightly held views and disrupt habitual ways of being that can be perceived as dysregulating or exciting, depending on the person and their circumstances. Explanations for this process may be framed in terms of the entropic brain hypothesis (Carhart-Harris, 2018). Using psychotherapeutic techniques such as ACT, Cognitive Behavioural Therapy, Motivational Interviewing, Somatic Experiencing, and Mindful Inquiry, clients may be supported to reconstruct their relationship with themselves, others, and the world around them. The practitioner supports clients' opening, reconstructing, and embodying of the learning that arises from the altered state. This may take the form of assisting



clients in developing novel cognitive, emotional, or behavioural responses that are aligned with their newly formed values and intentions. This is consistent with the committed action dimension of ACT and other third wave psychotherapies (Walsh & Thiessen, 2018; Watts & Luoma, 2020; Wolff et al., 2020).

Attitudinal Foundations

While there is no empirical evidence that any therapeutic approach is essential for psychedelic integration, there is growing consensus that certain practitioner qualities can be supportive in this work (Phelps, 2017; Kabat-Zinn, 2013; Woods & Rockman, 2021). The list below is not exhaustive:

- Curiosity
- Compassion
- Gratitude
- Generosity
- Kindness
- Trusting emergence
- Patience
- Non-judgment
- Non-striving
- Opening up and staying open
- Acceptance
- Flexibility

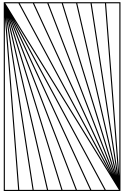
What else would you add?

What qualities do you feel you already embody and have competence in with respect to your treatment delivery?

Integration Needs Framework

It is important that the integration practitioner remain observant to the changing needs of the client. Remember that this work is client centered, and as such, integration is in large measure directed by both what arises for the client and their intentions.

What follows is a framework developed through our applied integration, clinical work and the literature (Watts & Luoma, 2020; Wong, 2020; Woods et al., 2019). It has been derived from a variety of sources, intended to give practitioners and those working underground a structure for assessing the common client integration needs at any given stage of the integration process.



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From a harm reduction perspective, the first priority is the integration needs for regulation, safety, and reducing risk. Psychedelic substances can be dysregulating, and they may require immediate medical and/or psychological interventions beyond what one-to-one sessions can provide. In these cases, consultation for risk assessment, and sometimes referral for treatment is necessary. Some examples of situations that may require consultation or referral include extreme emotional dysregulation, impulsivity, self-harm, active suicidal or homicidal ideation, psychosis, mania or hypomania, unremitting panic, etc.

If a client is in a profoundly dysregulated state, the priority is to help the client to move into their *window of tolerance* and ensure they are not at risk to self or others, if this is possible (Ogden et al., 2006; Silveira & Rockman, 2021). Once stabilized other integration needs may be addressed. Note that integration is not linear. The practitioner and the client may be managing and working with multiple integration needs simultaneously.

Regulation

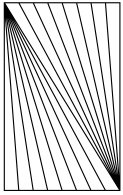
We can think of regulation as primarily associated with managing emotion and the nervous system. Down-regulation refers to reducing the intensity of activated states, while up-regulation may be necessary when more energy (nervous system arousal) is required. Regulating one's emotion is a skill that can be applied prior to a potentially dysregulating situation, or once emotional reactivity is already present. 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, extreme reactivity, insomnia, vivid dreams, changes in relationships, persistent changes in perception, and so on. One of the functions of the integration practitioner is to provide a frame of reference for what is arising for the client. This involves normalizing the client experience, helping them to create coherence and integrate it into their sense of self and worldview. 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.

Metabolizing

Metabolism is a chemical process reliant on enzymes and is either anabolic (synthesizing) or catabolic (breaking down), providing energy for cellular processes. 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. As part of integration, metabolizing experience 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 determine what needs to change, if anything, and how. Alternatively, one may be able to choose to be with things just as they are. This process is active and, at the same time, requires discernment around what is the most helpful response. Psychedelic experiences can be conceived of as metabolized when the client has established a different relationship with, or perspective about, what



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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

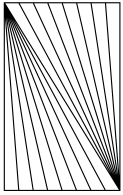
Human beings are meaning makers. This is how one makes sense of one's intrapersonal and interpersonal experience and life. It is also inextricably tied to the development of an enduring sense of self. Meaning making consists of interpretations, conclusions, ideas, narratives, appraisals, and reappraisals of events. It can help change unhelpful views or shift beliefs, values, and goals. Meaning making can also reinforce unhelpful views dependent upon the experiences and how these are interpreted. Loosening from our identification with our beliefs about ourselves, others, and the world regardless of whether they are seen as positive or negative can enhance well-being. Psychedelics can provide a view of reality as a construct. 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 becomes a significant part of what is to be learned from the integration process. It also assists in optimizing the utility of the experience and is related to the client's intentions and future wellbeing. There are many ways in which we can extract meaning from an experience. These may include:

- 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

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. This includes an ongoing exploration of their meaning-making and content from the session, as well as continuing to work with one's reality as a construct. This can allow the experience to continue to expand, transform their lives and assist with loosening from a rigid identification with the self. Some ways of continuing to process the experience and learn from it include:

- Developing new practices and rituals (yoga, meditation, time in nature, visualizing a resourcing moment from their experience when they wake up in the morning etc.)
- Carving out time for reflection (scheduling time)
- Exploring meaning making and its effects in their day to day lives (journaling)
- Creative expression: such as art, writing, and music
- Gratitude practices
- Identifying an object that represents what has been important, and using it as a touchstone
- Engaging with a friend through bi-weekly meetings or calls who has had similar experiences



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- Continuing to engage in an exploration of the components of experience as events that come and go – sensations, thoughts, emotions, behaviours

Connection to Others

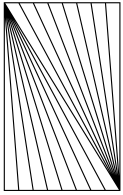
Working with psychedelics or other altered states may reveal an increased need for relationships, connection to the environment, and community. There are different elements to consider regarding connection. Listed below are some examples:

- Sharing the experience - encourage clients to share with others. They can contemplate who needs to know, who wants to know, who shouldn't know, and most importantly with whom they feel called to share.
- Relationships can change as a result of this work. Many people often feel a desire to end certain relationships, seek new relationships, or resolve something from the past with specific people. Supporting the client through this process can be an important part of integration. Such change can bring both gain and loss.
- Community - often people will want to seek out others who are exploring altered states. The therapist may provide resources or encourage the client to seek out groups.
- Environment - Connection is an important theme that commonly emerges from this work and especially connection to nature. Explore with the client ways they can engage with nature in an authentic and non-appropriating manner.

Committed Actions

Committed actions (derived from Acceptance and Commitment Therapy) are those that enable the client to behave in ways that are consistent with their values and intentions. Acting in ways that are consistent with our values can enhance motivation and allow us to engage in behaviours in the service of our mental health and wellbeing. Psychedelic sessions may reveal ways in which we are not acting consistently with our deepest values. Alternatively, they may help us to discover what these values are, and integration can be a time to explore how we may bring behavioural change into alignment with our values and intentions. 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 for the client to keep the work alive, continuing the learnings that have been gleaned from the psychedelic session(s) and the application of them to everyday life. Some of the ways of working with committed actions:

- Delineating important values to the client that have become salient from the sessions
- Establishing concrete goals/tasks derived from intentions and the assisted session (ensure they are manageable)
- Ensuring these tasks are consistent with stated, relevant values
- Determine behaviours that move the client away from their intentions/values
- Supporting the client to move towards behaviors that are consistent with their intentions/values
- Describing behaviours as concrete positive actions, rather than "not doing" old actions they wish to change
- Eliciting what is motivating for the client to increase the likelihood of intended behaviours occurring



Spiritual Needs

People undertake psychedelic use for a multitude of reasons. One of these may be identified as a need for meaning or connection. We can think of this as a spiritual need. In addition, given that the psychedelic experience is often so unusual, and commonly consists of an experience the person has never had, they may frame it in terms of 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. While we could address spiritual needs under meaning-making or values, we have chosen to make it a separate category given its specificity, complexity, and the frequency with which spiritual concerns and themes arise.

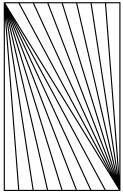
The integration practitioner needs to ensure that they are aware of their own biases, beliefs, or spiritual orientation and that they are able to be unbiased towards those that are different from their own. In addition, it is important that they do not impose their own beliefs or opinions onto the client. Given the increased suggestibility of people during and following psychedelic experiences, it is important to uphold their right to freedom of thought and religion.

Commonly clients can enter a peak or mystical state during the psychedelic 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 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, anomalous, and mysterious. The practitioner can conceive of this 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.

When you think of the word spiritual, what comes to mind?

When a client raises spiritual concerns, it can be useful to elicit from them what this means to them. Questions to consider are:

- When you think about the word spiritual what comes up for you?
- How would you define it?
- What would it look like if you were living a life that was more spiritual?
- How would you know?
- What would be different about how you might be living?
- What brings you closer to your spirituality? What distances you from it?



Reflective Questions

How does your own training(s) conceive of or address these integration needs?

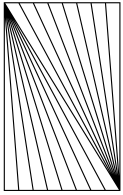
What do you need to feel competent in supporting clients with integration?

What aspects of integration do you feel less comfortable with supporting clients? What training, if any, are you curious about taking that could increase your competency?

Therapies Commonly Applied to Integration

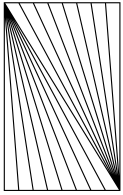
There are also a number of other therapeutic approaches that can be used as a frame of reference for integration, and these are the most common currently in use:

- Acceptance & Commitment Therapy
- Emotion-Focused Therapy
- Internal Family Systems
- Jungian Therapy
- Transpersonal Psychotherapy
- Mindfulness-based programs and Inquiry
- Motivational Enhancement Therapy/ Interviewing
- Somatic Therapies - Somatic Experiencing, Sensorimotor Psychotherapy, Hakomi etc.



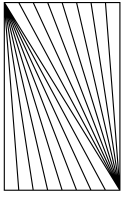
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SOMATIC & MINDFUL INQUIRY

Introduction

PHRI has an orientation to the client that is consistent with the entire psychedelic assisted therapeutic process as conceived within the Numinus model and elsewhere. It is both client-centered and client-directed, while also remaining relationship-centered. The practitioner embodies the attitudinal foundations discussed in the integration section during inquiry process. Guiding by following the client's lead, they prioritize the quality of the therapeutic relationship, while simultaneously ensuring that key preparation and integration objectives are met. Inquiry is one way of enabling the integration practitioner to work with the client in this way. Two methods (that contain significant overlap) of engaging in this process and integrating the psychedelic experience are Somatic Inquiry and Mindful Inquiry. It should be noted that there is little evidence to support either of their use in this context. This reflects the general state of the field as best practices are in development.

Somatic Inquiry: SIBAM

SIBAM is a tool that is part of the Somatic Experiencing approach used to explore and process chronic stress and post-traumatic symptoms. It can also be applied to post-psychedelic integration processes.

Somatic Experiencing is a psychobiological model that utilizes the body as a place to direct attention (interoception; proprioception) as a way to work with implicit memory (memories held in the body, pleasant or unpleasant/traumatic); a bottom up rather than a top-down approach. It is a three-year trauma training program and SIBAM is one framework that we have expanded to address psychedelic content.

The acronym SIBAM refers to:

S ensations

I mages

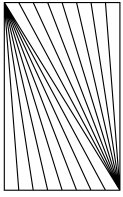
B ehaviours (movements, gestures, facial expressions)

A ffect

M eaning

Sensations

- Direct sensations perceived from the body (interoception, proprioception, internal sensations).
 - Examples: tingling, tensions, warmth, spaciousness, clenching, heaviness etc.
- Sensation question examples:
 - Bringing to mind your journey, what sensations do you notice?



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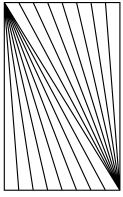
- You said you experienced immense freedom, how do you notice that now in your body, if you do?
- How do you experience that?
- How do you notice that?
- Where do you notice freedom?

Images

- Images, colors, external senses (sight, smell, touch, taste).
 - **Note:** Psychedelic visions can be a very common occurrence and can be worked with through the integration period. Dream images or spontaneous images that arise in the session can also be useful material to process. Such visions or images may have important meaning to the client and may be directly associated with their intentions. Here, visions or images are viewed as internal sight, versus in other models where they may be viewed as thoughts.
- Somatic Experiencing also utilizes an external orientation to the environment as a tool to assist in client regulation.
- Image question examples:
 - Were there images that stand out from the experience? Can you describe them?
 - If you had to imagine that experience as a color or image, what color or image comes to mind?
 - You said you imagined yourself as part of a tree during the experience? If you bring this experience to mind, where are you now? What is happening with that tree? Are there any desires, urges or impulses that arise?

Behaviours

- Observable - verbal/nonverbal, voluntary/autonomic (processes), conscious/out of awareness.
 - Examples: Gestures, facial expressions and other movements
 - Note: There could be a behavior someone is hoping to change and the reason they are seeking therapeutic support. However, involuntary or small gestures may express themselves during the altered state experience, or in the integration session. By bringing this content into awareness it can also be processed. Behaviors can be utilized as a powerful way to 'anchor' meanings, clarified values, or other positive experiences the client wishes to carry forward.
- Behaviour sample questions:
 - I noticed when you talk about this part of your ceremony, your body starts to rock back and forth. Is it okay if we do that together? What arises as you engage in this behaviour?
 - When you speak about wanting to make that change in your life, your hands keep coming up in front of you. What happens when you notice that?
 - Since the experience, what behaviors have you been doing that feel supportive? Any that feel unhelpful? If so, what?



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- Is there a movement or gesture that expresses this new commitment to (e.g., loving yourself)? What might that look like (mirror/do the gesture with the client as they create one, repeat several times, explore with other aspects of SIBAM)?

Affect

- Refers to emotions. Emotions can also present as sensations (physical correlates).
 - Note: Since emotions are associated with the limbic system, they may have both the emotional (named) and sensorial quality.
- Affect sample questions:
 - What (if any) particular emotions come up when you are talking about that?
 - Is it possible to allow that emotion to be there? What do you notice as you sit with it?
 - What words, colors, or sensations might be associated with the emotion?
 - When you look at that photo, what emotions do you notice, if any?

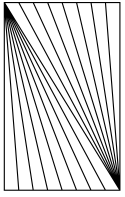
Meaning

- Thoughts and language (associations, ideas, opinions, interpretations, conclusions)
 - Example: verbal processing of information that arises directly out of the altered state of experience.
- Meaning sample questions:
 - You stated that you have nothing to be afraid of; what does that mean for you going forward?
 - Can you tell me more about how this experience impacted you?
 - What seems important to you about this?
 - When you are noticing that sensation, are there any words that arise? If yes, could you elaborate on them? If that sensation (e.g., heaviness in your abdomen, lump in your throat, etc.) could talk, what would it say?

Summary

The intention of SIBAM is to invite people to become familiar with these five key domains through which they can process information and experiences. It should be noted that an experience may reveal itself through one or all the SIBAM avenues, and the role of the practitioner is to encourage the connecting of these different ways of processing information simultaneously. For example, you could ask, “when you have that thought, what do you notice in the body,” thereby linking the meaning or cognition with the sensation or felt sense of the experience.

People may be more dominant in some areas and limited in others. Psychedelics may result in certain areas becoming more accessible than they otherwise would be. Therefore, it may be supportive to continue to work with clients using these newly accessible areas throughout the integration process. This can assist diverse ways of knowing and bring into awareness areas of perception that may have been restricted due to past experiences or trauma. It is common for people who participate in psychedelic experiences to feel a deeper sense of connection with their bodies and emotions.



For example, someone with anxiety and OCD could be primarily dominant in the domains of affect and behaviour and working with images or sensations could be supportive to increase their ways of moving through experience. We are trying to assist someone to potentially do something different while keeping them within their window of tolerance. Trauma reactions and other dysregulated states may be triggered, linked, blended, or coupled with a specific way of processing information. Therefore, we can focus our attention on other areas to assist the client to bring other components of the system to online. Culturally, cognition or meaning making is often prioritized. This is an alternative processing method that may disrupt unhelpful patterns or reactions, leading to their resolution, and integration into the client's system.

Mindful Inquiry

Mindful Inquiry is another way to work with clients during integration and shares commonalities with SIBAM. It also contains some differences in terms of how it categorizes experiences and how we bring attention to them. Mindfulness brings deliberate attention to experience, either through the investigation or the witnessing of its components. Treating all phenomena as sensations serves to decrease immersion in experience and assists clients to develop the skill of de-centering. In addition, one may work deliberately with the physical correlates of emotion to process them in a different manner than primarily using cognition. Lastly, the body (including breath) and its sensations become a place from which to witness the unfolding and changing nature of experience thereby enhancing meta-cognition.

Formal meditation or mindful attention utilizes a process of having an experience, reflecting upon it, abstracting about it, and then integrating it through active experimentation or application of what has been learned in everyday life. This is assisted through inquiry - either self-directed or facilitated by another. Attending in this way decreases the tendency to ruminate, providing the possibility of new ways of thinking about and working with challenging mind and mood states. It also allows for the opportunity to savour the positive.

Components of Experience

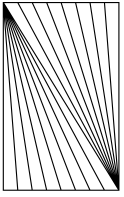
In this model thoughts, emotions, body sensations/senses, and behaviours (actions, urges and impulses to act) are viewed as the components of experience to be inquired into through noticing, tracking, abstractly conceptualizing about them, and then applying insights to daily life. This is distinct from narrating and analyzing experience.

Body

- Source of information - past and present; internal and external sensations (touch, taste, sound, hearing, smell, thoughts)
- Sample Inquiry Questions:
 - What did you notice? What showed up in the body?
 - What happened when you brought attention to these sensations?
 - Can you describe the sensations?
 - How did you work with these, if you did? And then what happened?

Emotions

- Identified as single words (happy, sad, disgust, fear, joy etc.) and their physical correlates



NUMINUS

- Sample Inquiry Questions/Statements
 - It sounds like there was emotion present.
 - So, there was [name the emotion, in response to a nonverbal gesture, emotional tone etc.]
 - How did you know that emotion was present? How did you meet that?
 - How did it show up in the body if there were associated sensations?

Thoughts

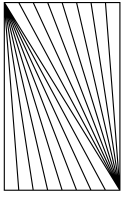
- Appear as words, sentences, or images
- Sample Inquiry Questions/Statements:
 - So, there were a lot of [associations, memories, thoughts]
 - When did these show up?
 - What happened when you became aware of these? And then?
 - It sounds like you were able to step back from these and observe them (if they did).

Behaviour

- Actions, urges, impulses to act
- Sample Inquiry Questions/Statements
 - When you noticed that challenge, then what happened? How did you meet that?
 - What did you choose to do, if anything?
 - So, there was an [urge, behaviour].

References

- Wong, A. (2020, May). Why you can't think your way out of trauma. Psychology Today. Retrieved May 24, 2022, from <https://www.psychologytoday.com/ca/blog/the-body-knows-the-way-home/202005/why-you-cant-think-your-way-out-trauma>
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ETHICAL AND LEGAL CONSIDERATIONS

Introduction

There are several factors to consider when offering preparation and integration services for altered states. It is important that these services align with the guidelines and policies of your governing professional body, and address other medical legal issues, if pertinent. Note that this work is a gray area for many professionals, and recognizing your degree of comfort, scope of practice, competence and relevant boundaries is crucial prior to engaging in this work.

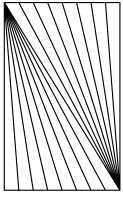
Practitioner Considerations

These are some of the legal and ethical variables to consider:

- Know your scope of practice defined by your governing body (if you have one) and by relevant training in providing PHRI.
- Examine and reflect on personal biases towards the use of psychedelics, noting any preferences, judgments, or aversions to this work.
- Ensure that the treatment you provide, and your charting, meet the standard of practice as defined by your profession.
- Ensure informed consent and the understanding that you, as a licensed professional, are not condoning, providing, or advising the use of illicit substances.
- Know that preparation for altered states may come with increased ethical or legal risks for professionals, as it may be viewed as condoning the use of illegal compounds.
- If you are working under a license or registration, you cannot recommend or refer clients to unregulated practitioners.
- Educate yourself on the topics regarding ethics, harm reduction and legal issues as these relate to working with clients who may be using psycho-active substances. Research some of the clinical trials, basic information on psychedelics, and contraindications for your own knowledge, competency, and to understand the experience and potential risks.
- Ensure that your client signs a document that clearly states they understand all these points.

Client Considerations

Increasing numbers of people are seeking altered states in a variety of settings inside and outside of clinical contexts. Currently, limited legal access has resulted in clients seeking recommendations from health professionals about engaging in the use of psychedelics and other methods that lead to altered states of consciousness. The Psychedelic Harm Reduction and integration approach (PHRI) entails supporting clients who have decided to, or are already working with, altered states to make informed choices, create safety plans, and understand the inherent risks, rather than encouraging or advising them to engage in illegal substance use. Here are some specific considerations for preparing clients for this work:

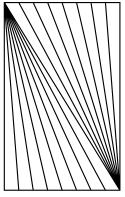


- Define “harm reduction” in the psychedelic context for the client, as an approach aimed at reducing the recognized harm to the user of illegal substances, to enhance safety, and optimize therapeutic outcomes relevant to wellbeing.
- Encourage clients to do their own research on topics related to the specific substance or experience in which they are already engaged, or are planning to engage, and provide the opportunity for them to share their findings and explore potential concerns with you in a subsequent preparation session.
- Educate clients and ensure that they are aware of the potential risks and benefits, manage their expectations for the session(s) and beyond, and support the exploration of elements that can increase or reduce the therapeutic impact for the client.
- Direct clients to the research literature and other resources
- Support informed choices
- Ask:
 - Have you thought about what you will do for personal support, before, during, and after?
 - Have you looked into what introductory dosage is often used for this substance? How does this land for you?
 - I can’t advise you on this, but if you’re going ahead with this, have you considered...?)
- Support clients to formulate their intentions and goals and develop a clear plan once they have decided to use the psychedelic substance.
- Ensure that your preparation and integration process follows the procedures in the research you cite (e.g., FDA/DEA approved trials), and if different, explain your rationale.
- Explain that you will not know what your client ingested, and that drug testing is essential. In addition, inform the client about how clinical trials and phases work, and the current status of the drug they are considering taking. Explain how clinical trial outcomes are relevant to your assisting clients in “integrating” illegal acts with illegal drugs in non-clinical settings.

Ethics In Psychedelic-Assisted Therapy

You'll also want to review the following key ethical considerations from the MAPS Bulletin (2019):

- Safety - suitability, assessment, emergencies, informed consent
- Confidentiality & Privacy - limits to confidentiality, privacy laws, communication agreements
- Transparency - client centered, informed consent
- Therapeutic Alliance & Trust - clear agreements, collaboration, no dual relationships, professional boundaries
- Use of Touch - consent, therapeutic touch - within scope/competence
- Sexual Boundaries - zero tolerance for sexual touch
- Diversity - inclusion, examine implicit bias
- Special Considerations - enhanced attention to transference, countertransference, potentially changing informed consent
- Finances - attention to accessibility, transparency re: fees
- Competence - scope of practice, continuing education, maintenance of licensure
- Relationship to Colleagues and the Profession - maintenance of collegial relationships; peer supervision and consultation
- Relationship to Self - safe and effective use of self; seeking collegial support as required



References

- Gorman, I., Nielson, E. M., Molinar, A., Cassidy, K., & Sabbagh, J. (2021). Psychedelic harm reduction and integration: a transtheoretical model for clinical practice. *Frontiers in psychology*, 12, 710.
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- MAPS (2019). MDMA-Assisted Psychotherapy Code of Ethics Updated & Published in the MAPS Bulletin
- Pilecki, B., Luoma, J. B., Bathje, G. J., Rhea, J., & Narloch, V. F. (2021). Ethical and legal issues in psychedelic harm reduction and integration therapy. *Harm Reduction Journal*, 18(1), 1-14.