

Psychedelic Harm Reduction and Integration Training Workbook

DAY 1

CASE REVIEW

Case #1 - Assessment (Cindy)

Part A:

A 28-year-old student presents to you. She is struggling with depression and anxiety. She has mentioned suicidal thinking, although she has no current plans. She initially comes in for therapy but mentions during the call that she is looking to find a psychedelic experience (legal or underground) because she does not want to continue to live this way. She reached out to this therapist because they mentioned psychedelic integration on their website. She does not have much interest in doing ongoing therapy work. She has been struggling with meaning and purpose in her life and has an extremely challenging time functioning in the world. She has tried some psychedelics and plant medicines in the past, with temporary relief, and little long-term impact. During the initial call, she mentions trying several types of therapies and anti-depressant medications, but nothing has helped her significantly. She said she feels like she will never get better, she is desperate to keep trying something and thinks psychedelics may be the only thing that could give her relief.

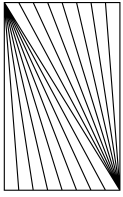
Large group discussion

Part B:

During the second call, she mentions she might not make it past this year if she does not start to feel better. The therapist tries certain therapeutic techniques to help regulate her emotions and mood. The therapist also uses some cognitive-behavioral behavioral interventions, and the client responds by saying she has tried this in previous therapy, and it did not work. She said she does not want to waste her time. She also mentions not wanting to talk about her past because that would only be for the therapist's benefit and not hers. She expresses frustrations and wants to end the session early. In the end, she says she just wants to try and find a psychedelic experience at this point and is curious about what you can recommend for her.

Small Group Exercise:

In your small groups please select a reporter/recorder that will report back to the main group. Please discuss the following questions:



1) What are you thinking now and how do you respond to Cindy?

2) What about that person's internal set and external setting might inform how you proceed?

Part C:

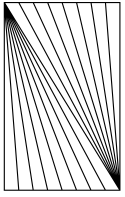
On the third call, she is in a low mood and very dysregulated. She shares some of the options she has found including an underground therapist who works with MDMA and psilocybin, and some ayahuasca retreats in Peru. She mentioned the local and legal Ketamine treatment is too expensive for her. The therapist again tries some somatic and cognitive interventions to support her, and the client again is oppositional, saying that she knows what the therapist is doing. Cindy also recognizes this therapy could help but she still does not want to do it and expresses that she is not motivated and does not really think it will work for her. By the end of the call, she shares a recent diagnosis of borderline personality disorder. The underground therapist she found is willing to work with her and said they provide one preparation and one integration session as part of the process.

Large group discussion

Case #2 - Preparation (Nadia)

Nadia is an ongoing client who you have been seeing consistently for the last year. She is a mother of 3 and a successful corporate lawyer. She is currently married to a small business owner whose business closed over COVID and is now feeling pressure being the sole provider for her family.

She has had long-standing problems with obsessional thinking, perfectionism, anxiety, and depressive episodes with



suicidal features. She has tried various therapies and is currently seeing benefits in her therapeutic relationship. She has worked with other therapists on and off for several years and has tried several approaches to therapy, including CBT, mindfulness, and EFT. She judges herself for feeling dependent on a therapist and wonders why she cannot just do it on her own. Over the last 15 years, she has tried different SSRI medications with moderate success. She is high-performing although regularly feels burnt out, states and describes herself as just barely keeping things together. She often takes time off and travels on her vacations. Her vacations feel supportive; however, she has a challenging time integrating self-care practices into her daily life. She is currently in a depressive episode which includes sleep disturbance, low motivation, existential dread, and a sense of emptiness.

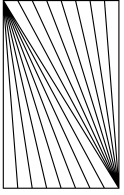
In a recent session, she expressed interest in trying psilocybin for her anxiety after reviewing the research and would like some guidance on how to go about that.

Small Group Exercise:

In your small groups please select a reporter/recorder that will report back to the main group. Using a harm reduction perspective, please discuss the following questions:

1) What will be the key elements of preparation that support harm reduction?

2) What questions could you ask to enhance her sense of safety in the process?

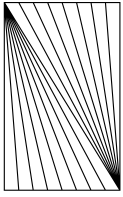


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3) What do you want her to consider in order to prepare her set and setting to optimize the session?

Large group discussion

Personal Reflection: After hearing the large group discussion, is there anything else you would like to add to the list of preparation considerations?



DAY 2

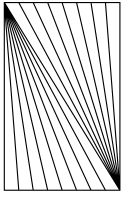
SENSATIONS, IMAGES, BEHAVIORS, AFFECT, MEANING (SIBAM) WORKSHEET

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 and form of inquiry that utilizes the body as a primary place to direct attention and work with implicit memory. See [Somatic & Mindful Inquiry Handout](#) for more details.

Activity: During the practice, pay close attention to how and when SIBAM was used, and identify opportunities where SIBAM wasn't utilized but could have been. Use the following table to help structure your observations:

Elements of SIBAM	How was SIBAM used?	When did you notice the different elements being used in the practice?	When do you think it could have been used if it wasn't?
Sensations			
Images			
Behaviours (e.g., movements, gestures, facial expressions)			
Affect			
Meaning			



Case #3 - Integration (Lucy)

Please read the following Integration case and reflect on the questions below, regarding the client's integration needs.

Lucy is a 35-year-old single female living in Toronto, Canada. She watched a documentary on Netflix about ayahuasca and researched it online. She googles, “ayahuasca retreat centers” and decides to go to Iquitos Peru, to an ayahuasca center for an 11-day retreat. The retreat consists of 4 ceremonies.

She is a social worker who has a small social network and is distant from her family. She has chronic anxiety and depression. Working as a social worker during the pandemic has left her burnt out and her anxiety and depression are the worst they have ever been.

She fills out the application for the retreat. The application asks about her intentions for doing the work and asks about her psychological history, adverse childhood experiences history, medical history, history of therapy, and her support network. She is accepted via email. She books her trip and feels both nervous and excited. She can only take two days off before she leaves and starts work the day after she gets back.

In preparation, she reads the documents the center sends her that discuss the healing process. She does the “dieta” which asks her to stop pork, alcohol, drugs, sex, caffeine, sugar, dairy, oils, and salt for two weeks before she goes. She is also encouraged to cut back on social media, tv, and to start to turn her focus internally. She can work with the diet although she feels quite emotional during the process and still uses her phone to distract her from her feelings. She sets her intention for the retreat which is that she wants to heal.

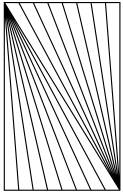
Her experience in Peru:

When she arrives on the first day, they give an orientation to the retreat center and then give a talk about the healing process. The first ceremony is on the second night.

Setting: The first night they give an introductory dose which is meant to be mild. Their ceremony takes place in a building called the maloca. It is a big round structure. The healers are sitting in the center and the participants are sitting in a circle around the outside. The ceremony happens at night and the only sounds are the chants the healers are singing, the noises of the jungle, and the sounds of the participants. The group has 21 participants, two facilitators, and four healers.

Her ceremony experiences are as follows:

1. Her first ceremony is relatively mild. She took the introductory dose and had some sensations in her body, she saw a yellow glow around the maloca and does not have much else come up. She started to feel a little agitated by the end of the ceremony. That night she finds it incredibly hard to sleep as she is sharing a room with someone else and just feels restless.
2. Her second ceremony she also described as pretty mild. She did, however, access some grief. She had an image of herself alone as a child coming many times throughout the evening. She then had a vision of a jaguar coming and resting with her child which caused her to relax, and she decided to just sleep in the maloca that night.



3. Her third ceremony she described as incredibly difficult. She set the intention to understand what is beneath her depression and anxiety. That night she started experiencing extreme fear. Her visions were overwhelming and disorienting. It then put her into a state of panic. She could not seem to get out of it and thought it would last forever. Suddenly she had a memory come up in her visions of her uncle molesting her as a child. This is followed by a lot of confusion, and she just felt this loneliness again. She tried to ask for help but was not able to do so. She was awake until the next day and could not shake the sense of panic in her chest. She also said she just felt this sense of darkness inside of her.
4. During the final ceremony, she was afraid of participating. She decided to take a small dose again. It started with some fear arising, but she tried to follow the guidance of the facilitators and see if she could accept it and allow it. The fear did pass and after she felt the presence of a maternal figure. She felt held, protected, loved, and celebrated. She had a vision of herself as a tree in the forest in deep connection with the plants and animals. The insects and birds were dancing and celebrating her.

Upon arriving home, she feels very confused and really dysregulated. She is really focused on the sexual abuse that came up in the third ceremony. The sense of darkness, fear, and panic are very present. She is having strong sensations in her body and a lot of rumination and flashbacks to that ceremony. She expresses that going to bed at night is difficult and she is not sleeping well.

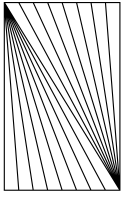
Lucy appears in your office experiencing extreme dysregulation - big waves of emotion - fear and panic attacks, hyper-arousal, insomnia, rumination, and confusion about family relationships. She is not sure if she should talk to her family about it. She has been distant from her family since she moved away seven years ago. They are a source of stress in her life. She is confused about whether the abuse happened. She is questioning if it was real and looking for your guidance on if this is true or not. She is also wondering how she can make the panic she is experiencing go away. She is trying to distract herself with television. One time she took herself to the hospital when she was experiencing panic and they sent her home. She is struggling and expresses wanting to avoid her feelings. She has had to cut back her hours at work because she is having difficulty coping.

Small Group Exercise:

*In your small groups please select a reporter/recorder that will report back to the main group.
Please discuss the following questions:*

Reflecting on the case answer the following questions:

What are her integration needs? What do you think are priorities?



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REGULATION

What do you think her regulation needs are?

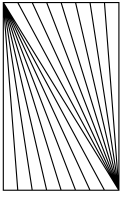
Where would you start and what interventions from your previous training could you use?

NORMALIZING

What are the ways in which she normalizes the experience or not? How might you assist her and why does normalizing the experience matter?

MEANING MAKING - the questioning of the memory

How could we support her without giving an opinion of if the memory is true or real?



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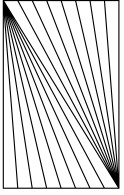
METABOLIZING – It appears that a part of her is stuck in the third ceremony.

How could you support her to move safely through to another vantage point?

What do you think she needs?

KEEPING IT ALIVE - there were several resources in her ceremony experiences.

Where are her resources now? How could we help her access and use them?



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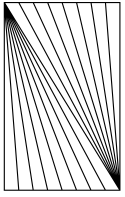
CONNECTION TO OTHERS

What are some considerations about her reaching out to her family or not?

What kind of questions would you want to ask her?

COMMITTED ACTIONS

Are there any questions you could think of to support her to clarify her values or any goals?



SPIRITUAL NEEDS

Do any spiritual needs stand out for you in this case?

COMPETENCIES WORKSHEET

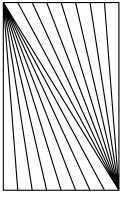
Reflection

Assessing your professional competency and areas for growth will be an important and ongoing component of this work moving forward. The following questions* are designed to help you to explore your own sense of competency as it relates to delivering Psychedelic Harm Reduction and Integration (PHRI):

1. Given my personal and professional knowledge and experience, in what competency areas do I need more training (e.g. psychedelic substances & their effects, self-awareness and self-regulation, client distress tolerance, setting & maintaining boundaries, embodied presence, processing psychedelic content, etc.)?

2. What are the risks I face in practicing PHRI? How do I mitigate those risks? What level of risk am I personally comfortable taking on?

3. Given the vulnerability clients face in PHRI, how can I enhance client safety?



4. What is my intersectionality and privilege that may impact my delivery of PHRI? And how?

5. Given everything I have learned today what are one or two concepts or practices I can take away from this workshop to develop competency moving forward?

* These questions have been taken and adapted (with thanks) from 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.