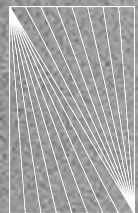


NUMINUS

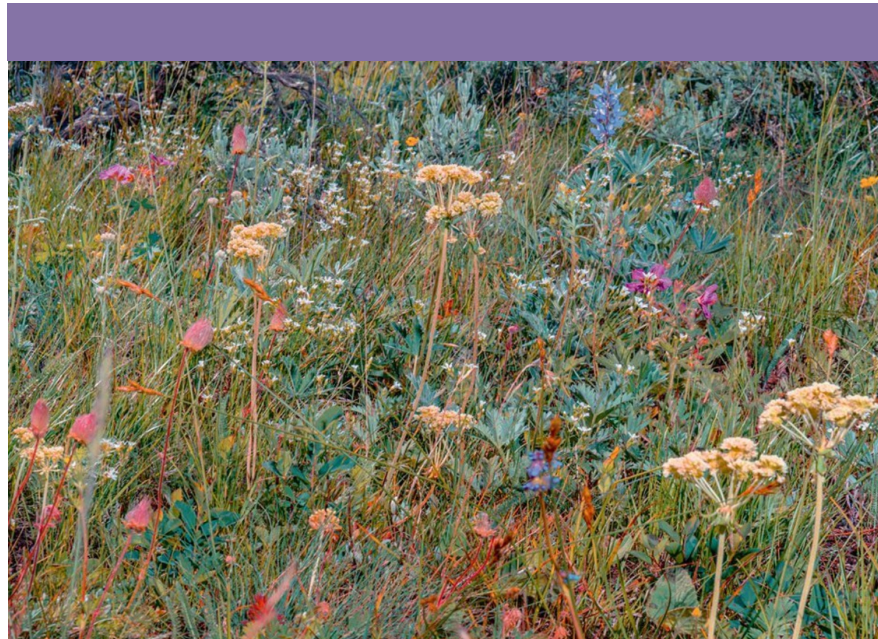
Psychedelic Harm Reduction And Integration



INTRODUCTION
FOR PRACTITIONERS

Group Agreements

CENTRE



CONFIDENTIALITY



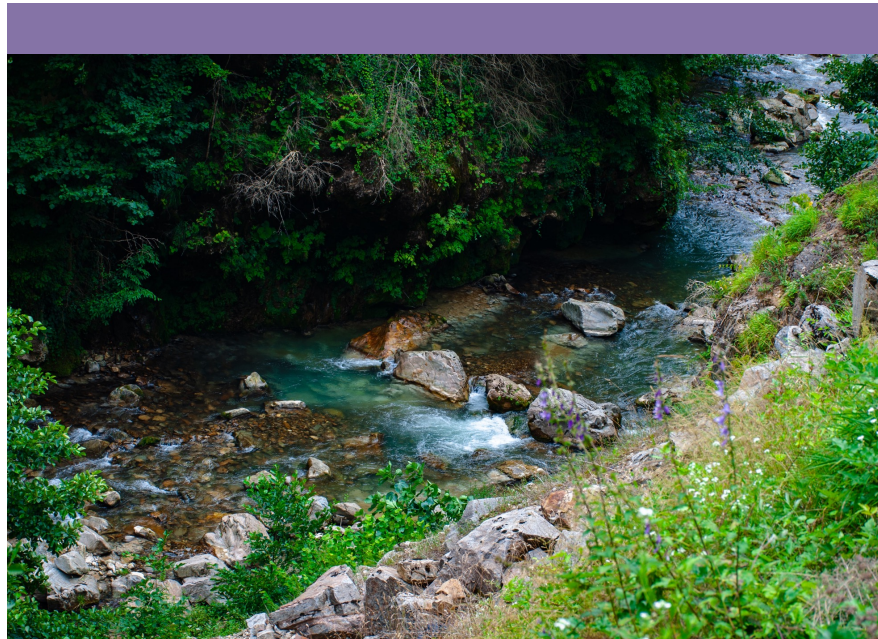
ENGAGEMENT



NON-JUDGMENTAL
LISTENING

Group Agreements

CENTRE



TIMELINESS



RIGHT TO PASS



EQUITY

OBJECTIVES

AT THE END OF THIS
WORKSHOP, PARTICIPANTS
WILL BE ABLE TO:

Assess client needs during the
different stages of the psychedelic
journey

Apply a harm reduction framework to
assessment, preparation, and
integration

Articulate the current ethical limitations
and considerations of psychedelic
harm reduction

Support and guide clients through the
integration process

Today's Agenda



DAY 1

OVERVIEW OF THE DAY
HARM REDUCTION
ASSESSMENT
PREPARATION

DAY 2

INTENTION SETTING
INTEGRATION
SOMATIC & MINDFUL INQUIRY
THERAPIST COMPETENCY & ETHICS

SECTION 1:

Traditional Context

“IN MANY, MANY WAYS, ALL OF US ARE INDEBTED TO INDIGENOUS PEOPLES AND THEIR TRADITIONS AND THEIR KNOWLEDGE WHEN WE ARE INTERESTED IN THESE MEDICINES.”

- DR. BIA LABATE



Indigenous Purposes for Plant Medicine Use

- Spiritual practices & purposes
- Physical healing
- Building alliances
- Cultural practices
- Sorcery – Brujería
- Rites of passage
- Communicate with entities or spirits



Common Indigenous Core Principles

HOLISM AND
INTERCONNECTION

RELIANCE AND
RELATIONSHIP TO
COMMUNITY

BALANCE AND
RECIPROCITY

(SUE ET. AL., 2019)



Core Elements of Healing

MIND

BODY

EMOTIONS

SPIRIT

NATURE

“BASED ON THE WORLDVIEW OF INDIGENOUS PEOPLES, MUSHROOMS SHOULD NOT BE CONSIDERED A DRUG OR PSYCHOACTIVE SUBSTANCE. BUT RATHER AS SACRED BEINGS OR ENTITES WITH WHOM RECIPROCAL RELATIONSHIPS ARE ESTABLISHED.”

MAZATEC SHAMANIC
KNOWLEDGE AND
PSILOCYBIN MUSHROOMS

(CHACRUNA, 2019)

Ayahuasca

YAGÉ, UNI, CAPPI,
DAIME, HOASCA, VEGETAL



- From the Amazon Basin
- Has been used for thousands of years
- Commonly made of two plants:

THE VINE

liana Banisteriopsis Caapi

THE LEAF

Psychotria Viridis (Chacrana)

Contains DMT

- Increase in ayahuasca tourism and Westerners

LAURA, YNES &
LILA LOPÈZ
SANCHEZ - SHIPIBO
MAESTRAS



Iboga



- Bwiti people in Gabon & Cameroon
- African shrub - Tabernanthe iboga
- Use the roots and the bark for the ritual

USES

Stimulant (low dose), medicinal, spiritual, rites of passage, used to treat many different types of illness

- Rites of Passage – replicate near death experiences
- Ibogaine – addictions treatment

Psilocybin

MAGIC MUSHROOMS

LOS NIÑOS SANTOS: HOLY CHILDREN



- Mesoamerican people of Mexico
- Maria Sabina – Mazetec Curandera
- Commune with God to heal the sick
- Ritual – veladas
- Dieties chose healers

“BEFORE WASSON, NOBODY
TOOK THE MUSHROOMS
ONLY TO FIND GOD. THEY
WERE ALWAYS TAKEN FOR
THE SICK TO GET WELL.”

- MARIA SABINA, *MAZATEC*





Peyote



- Cactus containing - Hallucinogenic Mescaline
- Grows in Northern Mexico & Southern USA
- Predominant Mexican Indigenous group that use peyote: Wixaritari (Huichols), Cora, Tarahumara, and Yaqui
- Native American Church (US)
- Used for ritual, ceremonies and healing
- Peyote used for the collective
- Pilgrimages to collect for their community
- Decrease in accessibility

IMAGE CREDIT: WIXÁRIKA
PILGRIMAGE

Summary

- These plant medicines exist within a larger cultural context
- They often serve several purposes
- Healers train for many years and have a deep intimacy with the plants they serve
- It is never just about the one plant
- Other plant medicines
- Contemplate reciprocity towards the traditional stewards



Psychedelics in Psychiatry

A BRIEF HISTORY

CENTURIES

Indigenous
psychedelic use in
healing, spiritual
practice, and
ceremonies

1920s

Interest in
psychedelic
psychiatry
begins

1960s

Socio-political
forces lead to
the Controlled
Substances Act
of 1970

1973

Ketamine:
depression,
suicidality,
addictions, eating
disorders, OCD,
pain

Psychedelics in Psychiatry

A BRIEF HISTORY

PRESENT DAY

“Psychedelic renaissance” is recognizing clinical benefits – movement away from moral/disease models of addiction and psychedelic effects as secondary

2017

FDA “breakthrough therapy” designation given to MDMA-assisted therapy for PTSD & 2018 psilocybin-assisted therapy for depression

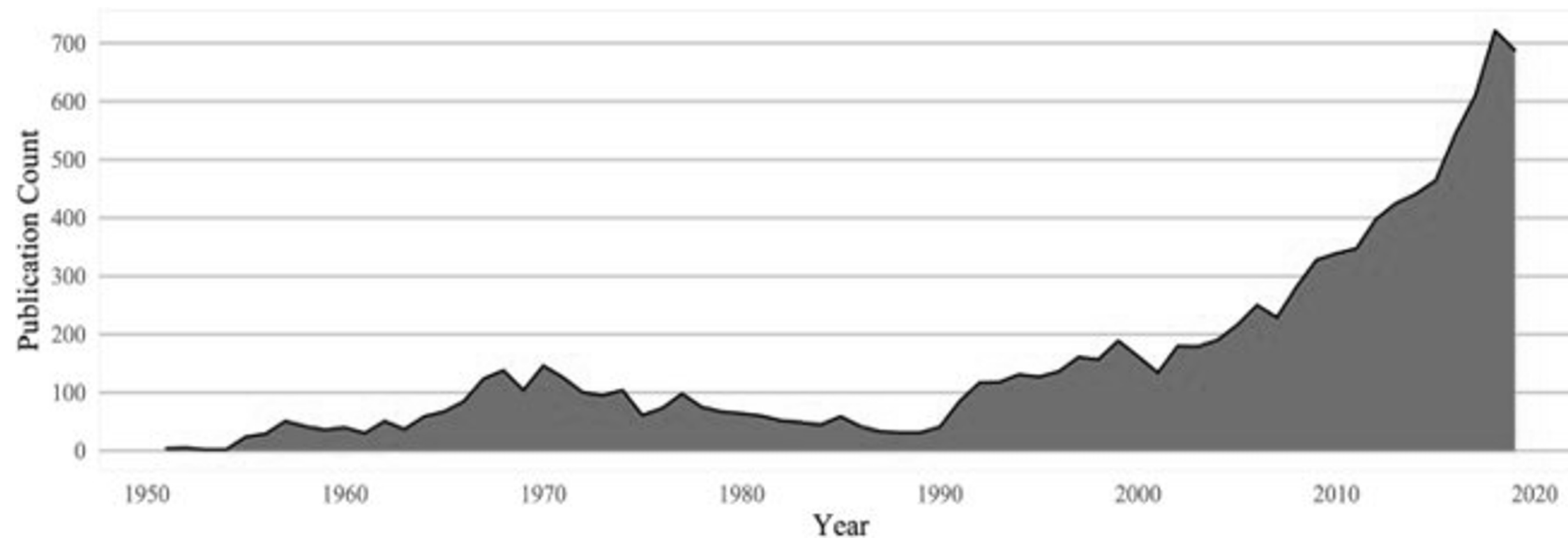
2020

American Psychiatric Association declares continued study of psychedelics for mental disorders warranted

SECTION 2:

Modern History of Psychedelics

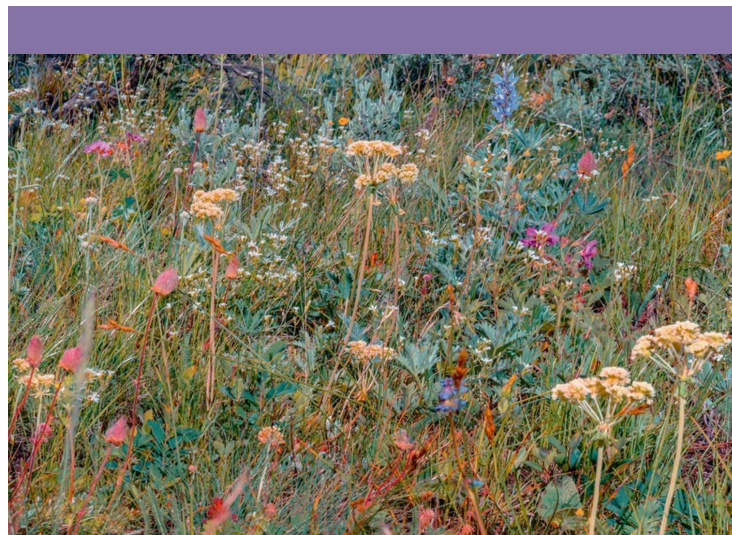
The Psychedelic Renaissance



WEB OF SCIENCE PSYCHEDELIC
PUBLICATION COUNT BY YEAR,
SEARCHING FOR “LSD,”
“PSILOCYBIN,”
“PSYCHEDELICS,”
OR “HALLUCINOGENS”

PETRANKER, ANDERSON
& FARB (2020)

Research Areas



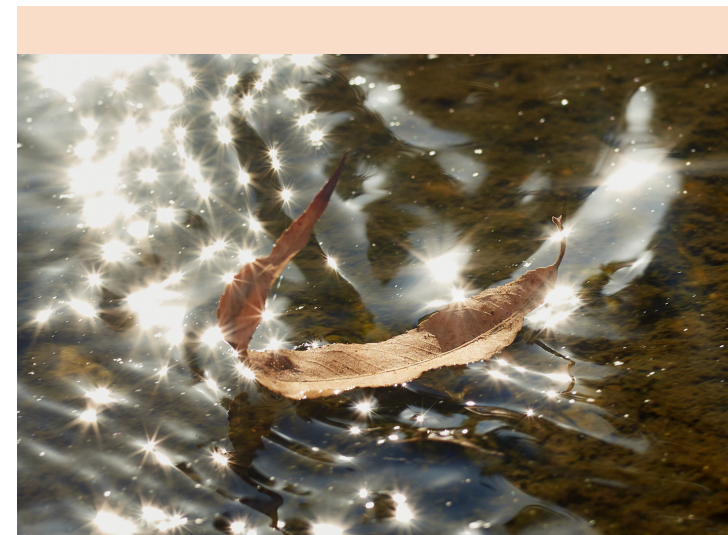
CLASSIC PSYCHEDELIC-ASSISTED THERAPY

Smoking cessation, alcohol use disorder, cocaine use disorder, OCD, anxiety & depression in patients with advanced-stage cancer, treatment-resistant depression, distress associated with loss due to HIV/AIDS



MDMA-ASSISTED THERAPY

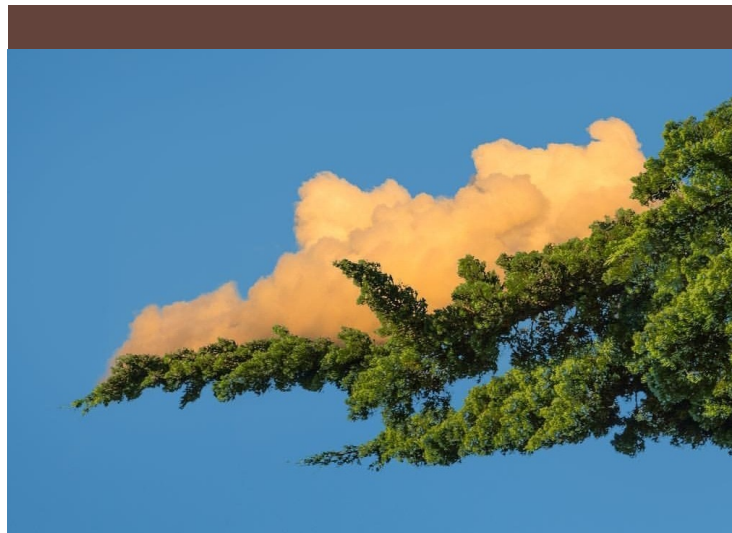
Treatment-resistant PTSD, anxiety related to end of life, social anxiety in autism spectrum disorder, alcohol use disorder



KETAMINE

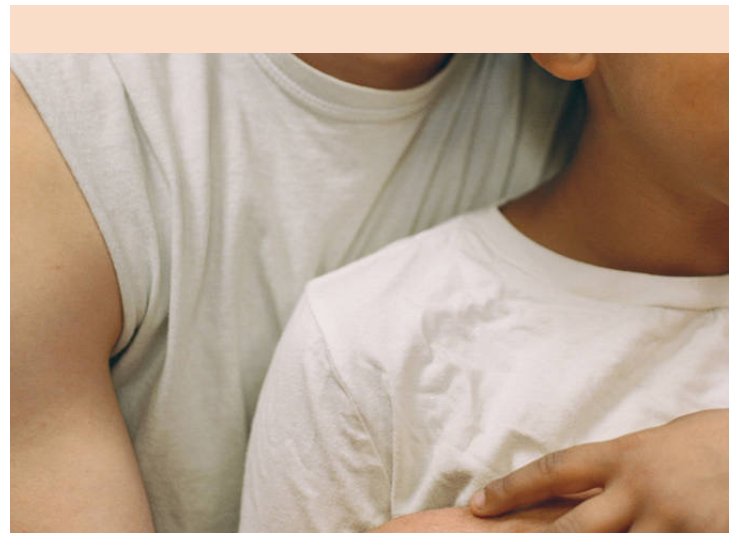
Alcohol-use disorder, treatment-resistant depression, heroin-use disorder

Research Areas



WELLNESS

Smoking cessation, alcohol use disorder, cocaine use disorder, OCD, anxiety & depression in patients with advanced-stage cancer, treatment-resistant depression, distress associated with loss due to HIV/AIDS



PLANNED TRIALS

Anorexia nervosa, opioid use disorder, emotional distress in early Alzheimer's, group therapy, microdosing

CULTURE

Forbes

VICES + EDITORS' PICK

Oregon Legalizes Psilocybin Mushrooms and Decriminalizes All Drugs


Chris Roberts Contributor
I cover cannabis capitalism, legalization's winners, losers, seammers and suckers.

Nov 4, 2020, 01:25am EST

Listen to article 4 minutes

Oregon now has the most liberal drug laws in the United States, setting a precedent for dismantling the war on drugs that other states are expected to soon follow.

Voters on Tuesday approved a pair of ambitious drug-policy reform ballot measures: one to legalize psilocybin mushrooms for use in therapy; and a second, separate ballot measure that decriminalizes possession of small amounts of all drugs.



Adults in Oregon will be able to access psilocybin therapy treatments after voters approved state...



How to Change Your Mind

What the New Science of Psychedelics Teaches Us About Consciousness, Dying, Addiction, Depression, and Transcendence

Michael Pollan
Author of *The Omnivore's Dilemma*




How To Change Your Mind

The New York Times

TheUpshot
THE NEW HEALTH CARE

Can Psychedelics Be Therapy? Allow Research to Find Out




CTV NEWS

Continuing in Canada
Total views: 28948 | Author: 5,285 | Recovered: 84,227 | December 10, 2020

Four terminally ill Canadians get special exemption to use psychedelic therapy




NEWSLETTER
SIGN UP FOR THE DAILY NEWS
HEALTHY VIBES

The Intercept

BIDEN ADMINISTRATION PLANS FOR LEGAL PSYCHEDELIC THERAPIES WITHIN TWO YEARS

A letter from the Health and Human Services Department discloses the anticipated FDA approval of MDMA and psilocybin treatments.

July 28, 2020, 5:07 p.m.




LSD

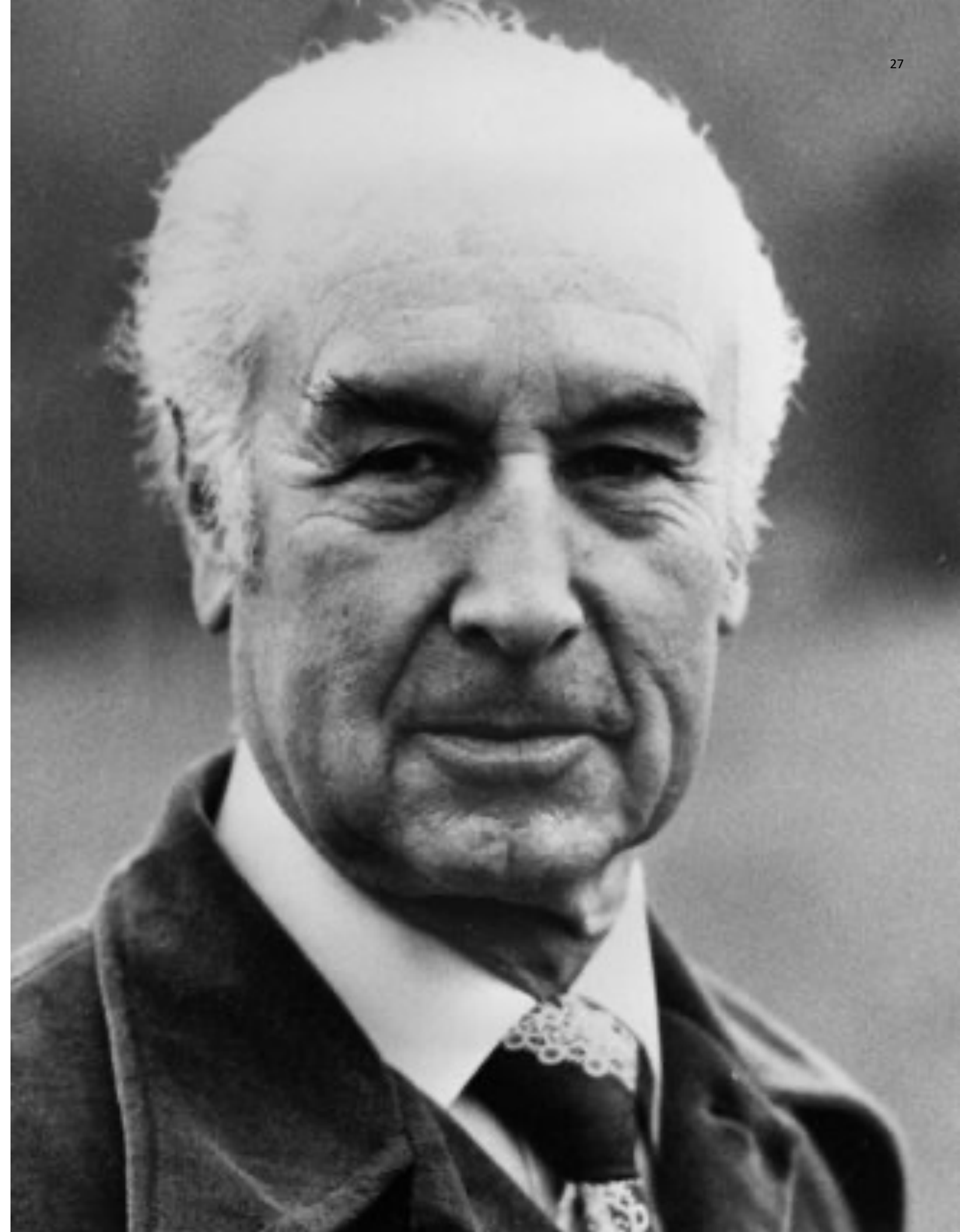
LYSERGIC ACID
DIATHYLAMIDE

1938: Albert Hofmann synthesizes LSD
for the first time

1943: Discovers psychoactive properties

1950s: LSD distributed widely by Sandoz;
research takes off

- 40,000 patients were given LSD
- 1000+ scientific papers published



Psilocybin

- Gordon Wasson, Banker & Ethnomycologist
- Exploring the “mushroom cult of the Mazatec”
- Maria Sabina, Curandera
- Seeking the Magic Mushroom, Life magazine, 1957
- 12 million readers



Harvard Psilocybin Project

- Timothy Leary & Richard Alpert
- Concord Prison Experiment & Marsh Chapel Experiment
- Fired from Harvard in 1963
- Set & Setting
- “Turn on, tune in, drop out”



Prohibition

1962-76: Psychedelics go underground

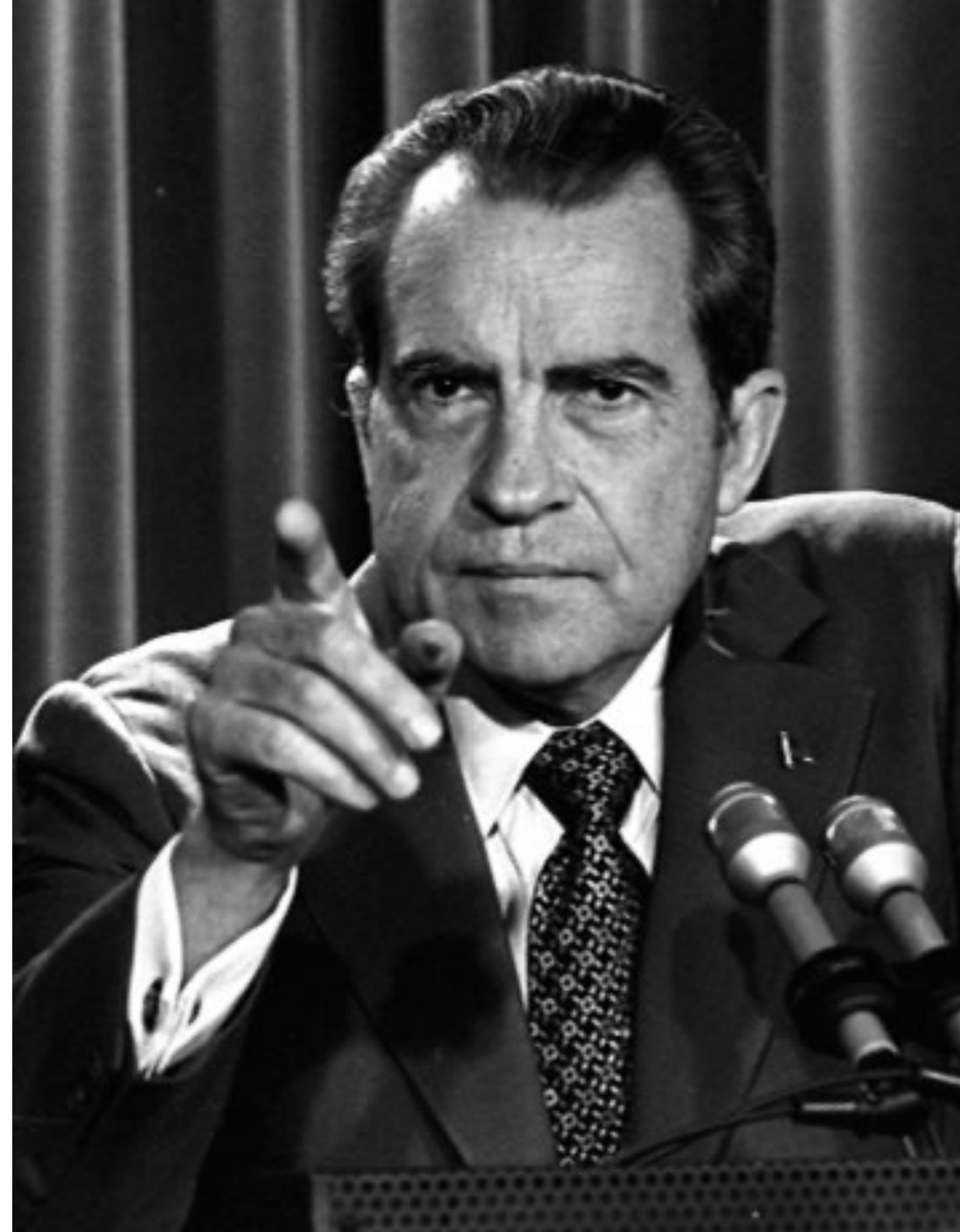
1962: FDA starts regulating research

1963: LSD hits the streets

1966: LSD made illegal

1970: Controlled Substances Act

1976: Research comes to a halt



MDMA

3,4-
METHYLENEDIOXYME
THAMPHETAMINE

1912: Synthesized by a German pharma company

1976: Alexander Shulgin re-synthesizes

- SF Therapist, Leo Zeff, distributes to therapists
- 4000 therapists, 200,000 patients

70s & 80s: “Ecstasy”/”Molly” becomes a popular street drug

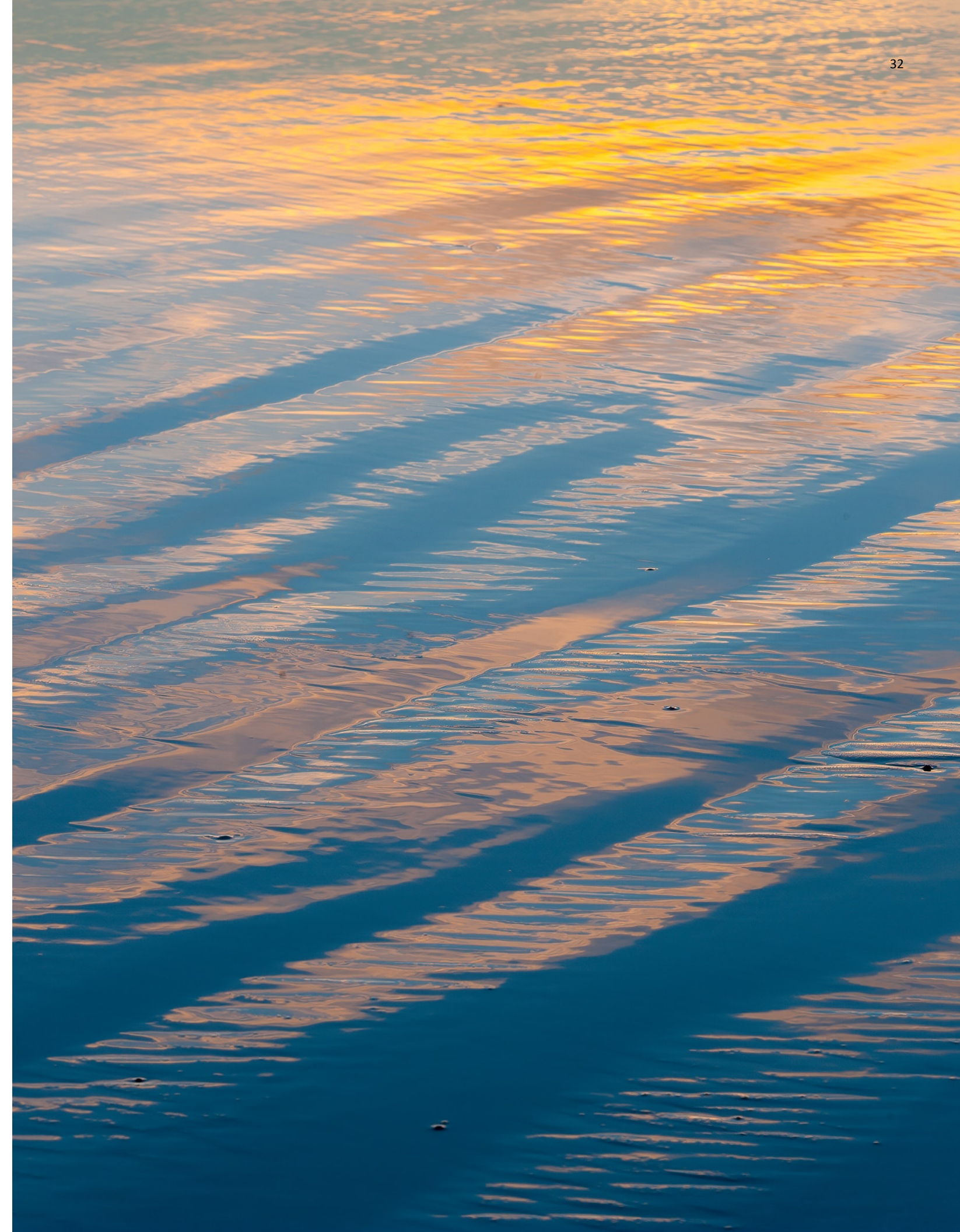
1985: added to Schedule I



MAPS

MULTIDISCIPLINARY
ASSOCIATION FOR
PSYCHEDELIC SCIENCE

- 1986: Founded by Rick Doblin
- To organize and mobilize the response to the DEA's restrictions on MDMA through research
- 2017 FDA grants "breakthrough status" for MDMA-assisted treatment of PTSD
- 3 trials underway



Ketamine

- 1963: First synthesized
- “Dissociative” anesthetic
- Extremely popular ER drug for sedation since 1990s
- Scheduled in 1999 by FDA following widespread use as club drug
- First used for TRD in 2000



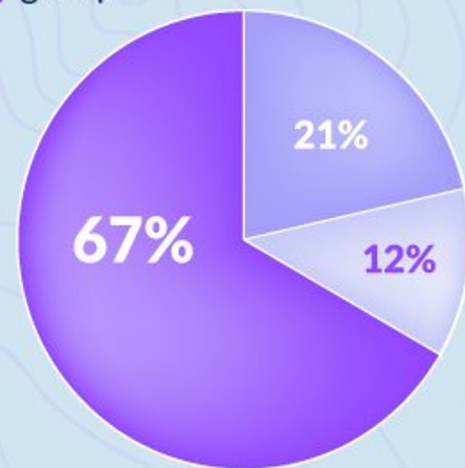
MDMA-Assisted Therapy

TREATING PTSD WITH MDMA-ASSISTED THERAPY

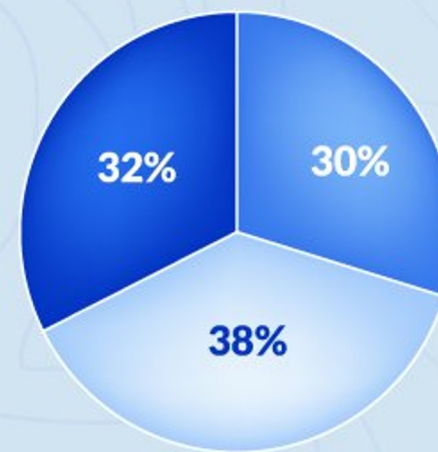
Phase 3 Trial Results Published

67% of participants in the **MDMA-assisted therapy** group no longer had PTSD after 3 sessions, compared to 32% in the **placebo with therapy** group.

- ■ Lost PTSD diagnosis
- ■ Clinically meaningful response
- ■ No response



MDMA-ASSISTED THERAPY



PLACEBO WITH THERAPY

Mitchell 2021, *Nature Medicine*



The Multidisciplinary Association for Psychedelic Studies (MAPS) is a 501(c)(3) non-profit research organization working to develop MDMA-assisted therapy into an FDA-approved prescription treatment. The safety and efficacy of MDMA-assisted therapy is currently under investigation. It has not yet been approved by the FDA, does not work for everyone, and carries risks even in therapeutic settings. Learn more about our research at maps.org.



Psilocybin-Assisted Therapy

- Randomized, double-blind, cross-over trial
- Psilocybin administered to 51 cancer patients with life-threatening diagnoses and symptoms of depression and/or anxiety.
- Very low dose vs. high dose
- 5 weeks between sessions

Original Paper

Psilocybin produces substantial and sustained decreases in depression and anxiety in patients with life-threatening cancer: A randomized double-blind trial

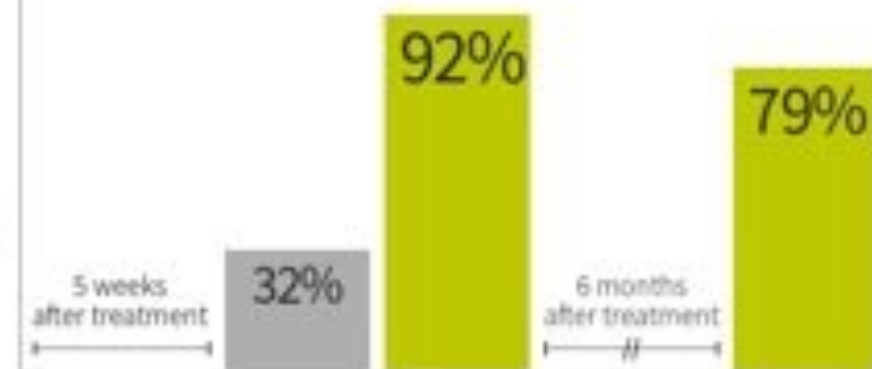
Roland R Griffiths^{1,2}, Matthew W Johnson¹, Michael A Carducci¹, Annie Umbricht¹, William A Richards¹, Brian D Richards¹, Mary P Cosimano¹ and Margaret A Klinedinst¹



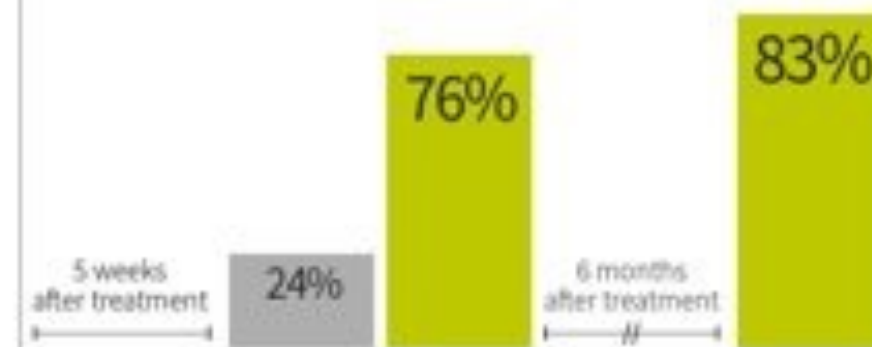
...were treated with either a high dose of psilocybin or an active placebo

■ Control group
■ Psilocybin group

Improvements in Depression



Improvements in Anxiety

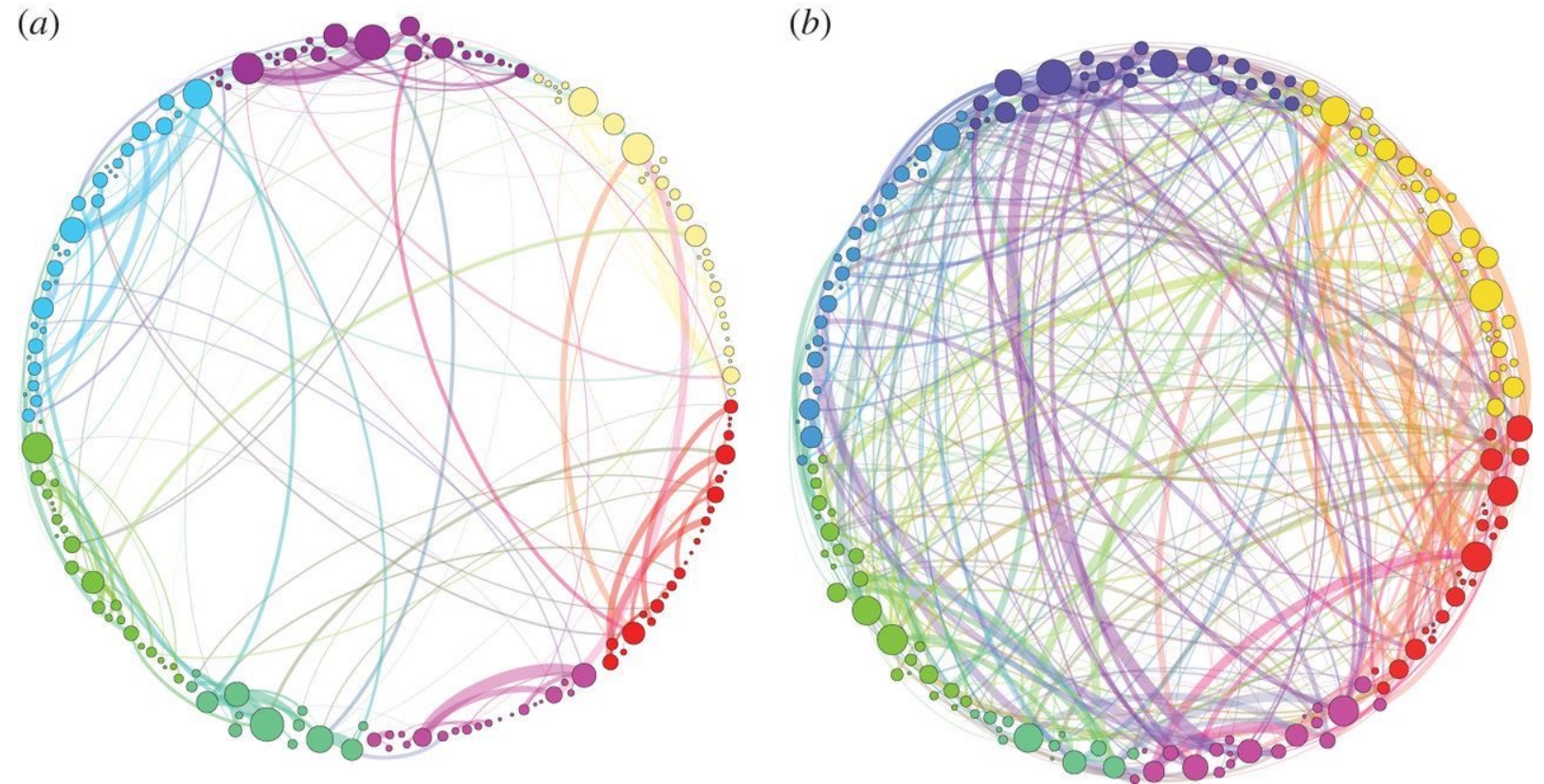


Percent of patients showing clinically significant response rate to treatment. (Griffiths et al. 2016)

Psychedelic Neuroscience

- Carhart-Harris: The Entropic Brain Hypothesis
- Classic psychedelics disrupt entrenched patterns of neural activation
- Well-suited for disorders of rigidity (eg. depression, anxiety, addictive disorders)

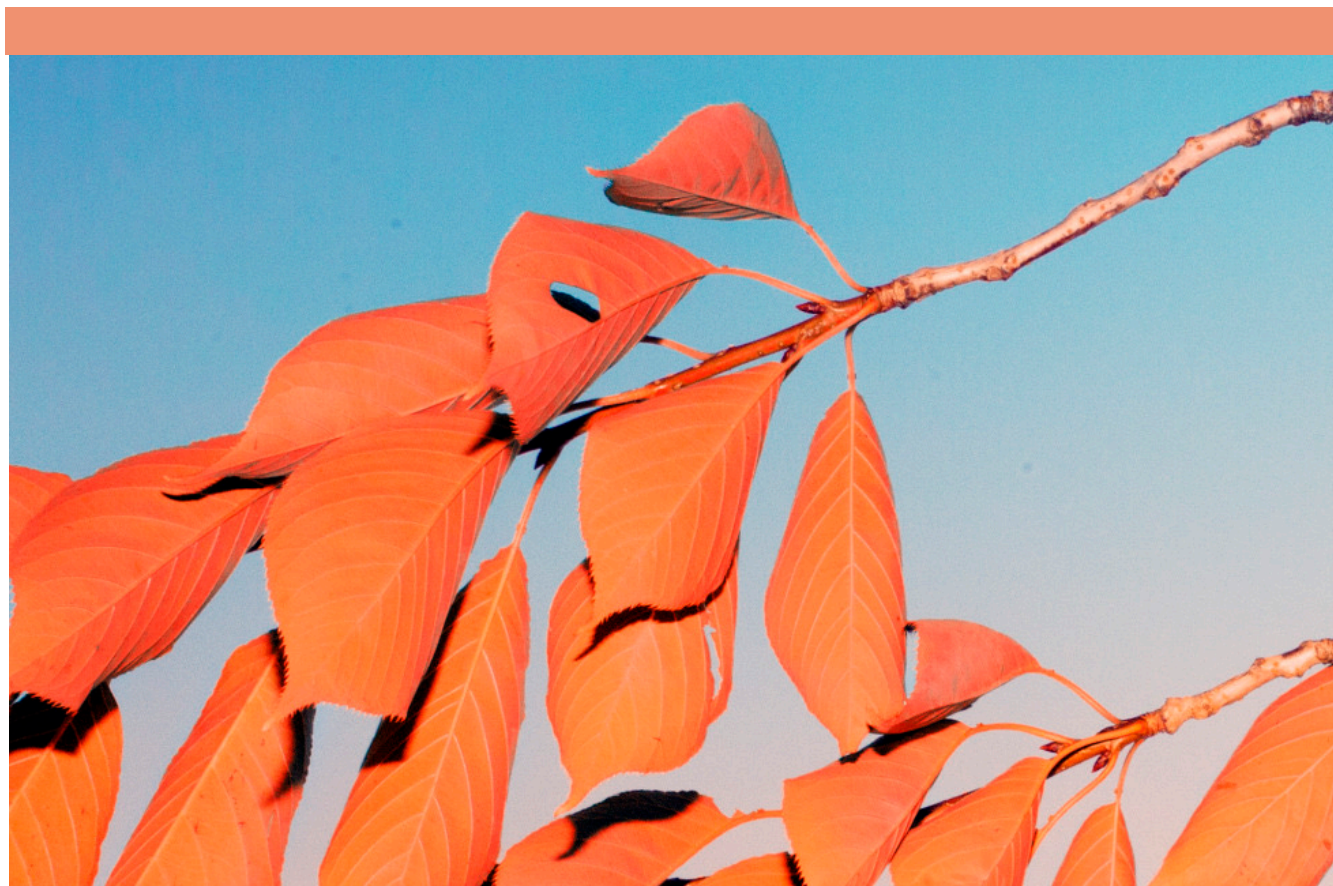
(CARHART-HARRIS 2018)



SECTION 3:

Harm Reduction

Psychedelic Harm Reduction & Integration



PHRI is a transtheoretical
/transdiagnostic harm reduction
approach supporting the client through:

ASSESSMENT

Suitability, contraindications, safety, context,
readiness

PREPARATION

Reducing risk, intention, set/setting, plan for use and
self-care

PSYCHEDELIC SESSION +/-

INTEGRATION

Regulation, metabolizing, reflecting, conceptualizing
meaning-making, application of learning

PHRI is individualized to reduce harm, enhance
safety, and positive outcomes using a variety of
modalities

Harm Reduction

- Encourage research of the substance & literature
- Client concerns explored
- Educate re: risks/benefits, drug testing, clinical trials, drug status
- Manage expectations
- Explore increases or decreases in +/- impact
- Support informed choices
- Plan for support



Integrative Harm Reduction Psychotherapy

Integrative harm reduction psychotherapy consists of psychosocial and biological elements using individualized treatment and a variety of psychotherapeutic modalities.

While PHRI is not being applied to substance misuse, this approach is applicable.

(TATARSKY, 2022)

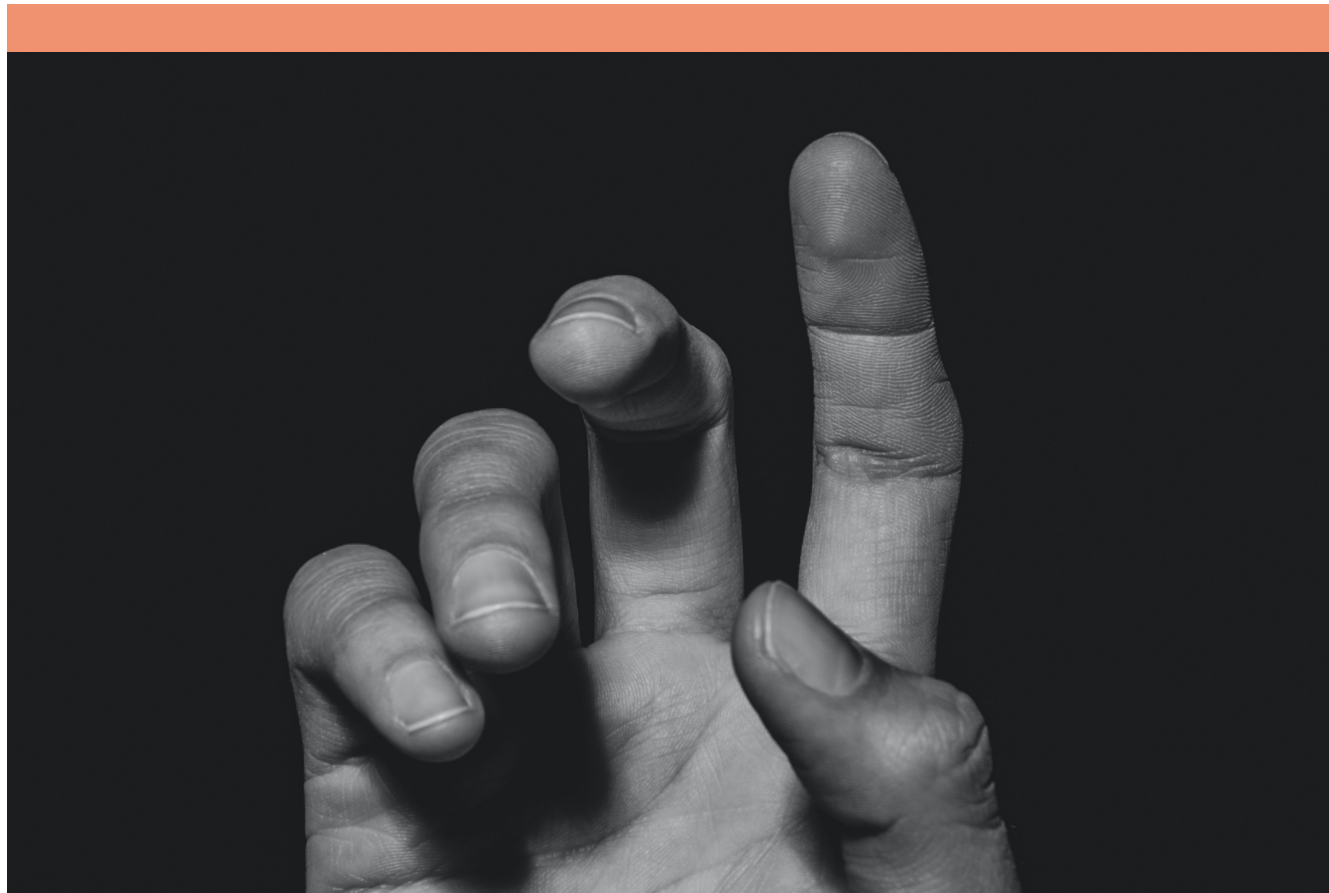
THERAPIST TASKS

- Develop the therapeutic alliance
- Develop the client/therapist relationship as an agent of healing and compassion
- Enhance client self-regulation and self-management (autonomy)
- Assessment as part of the treatment
- Help the client to accept ambivalence
- Engage the client in harm reduction goal setting (respecting values/preferences)
- Individualize a client plan for positive change

PHRI

Psychotherapy

Principles



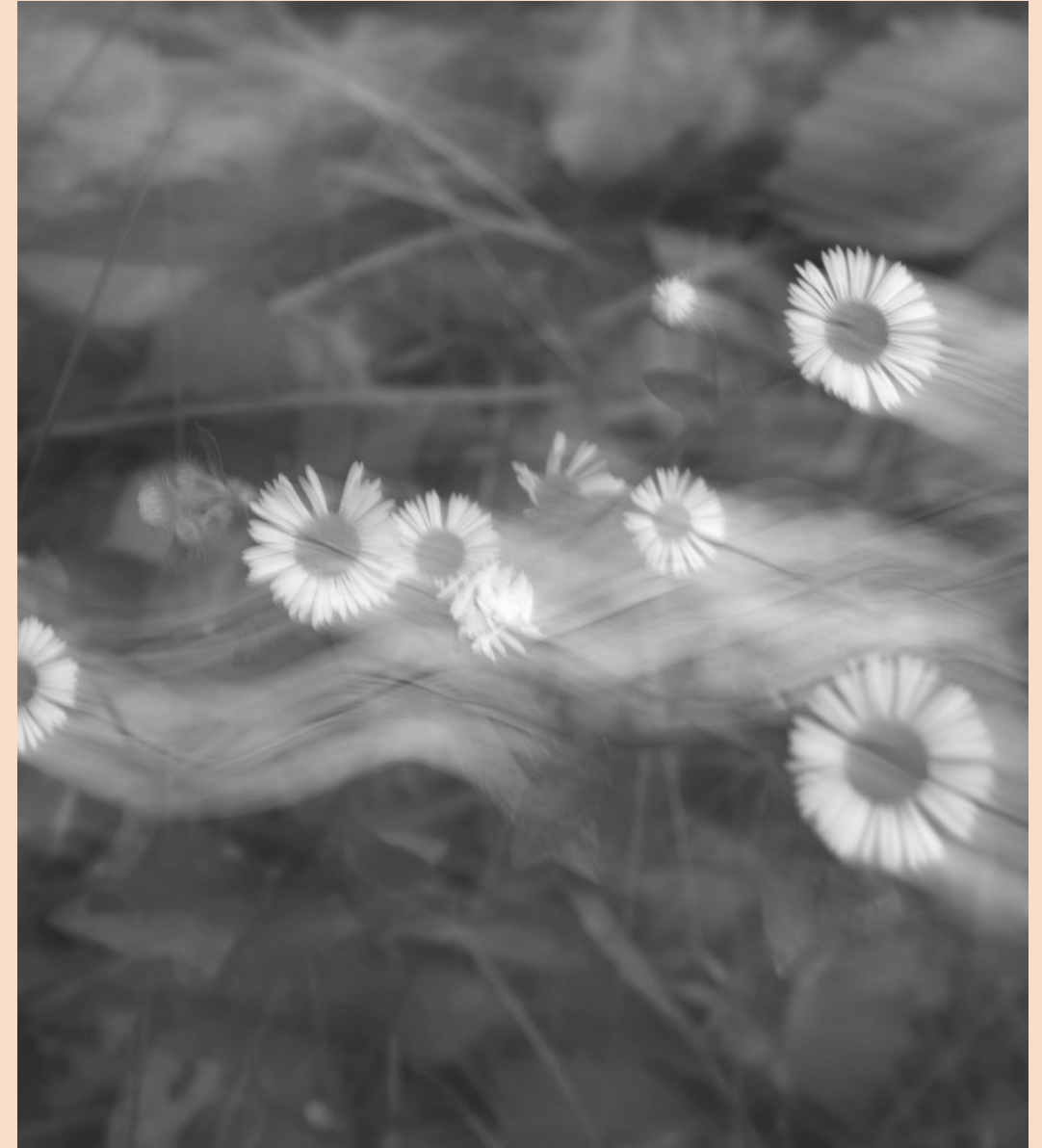
- Curiosity & Non-judgment
- Cognitive Defusion & Re-Appraisal
- Present Moment Orientation
- Acceptance & Psychological flexibility (opening up)
- Self-Determination (autonomy, relatedness, competence)
- Non-Directive
- Experiential/Process Based
- Reflection & Meaning-Making
- Change Strategies (Applied Learning and Values)

Process based therapy is individualized, focused on solving problems, and enhancing well-being vs symptom reduction or manualized treatments.

(GORMAN ET.AL., 2021)

Common PAT Models

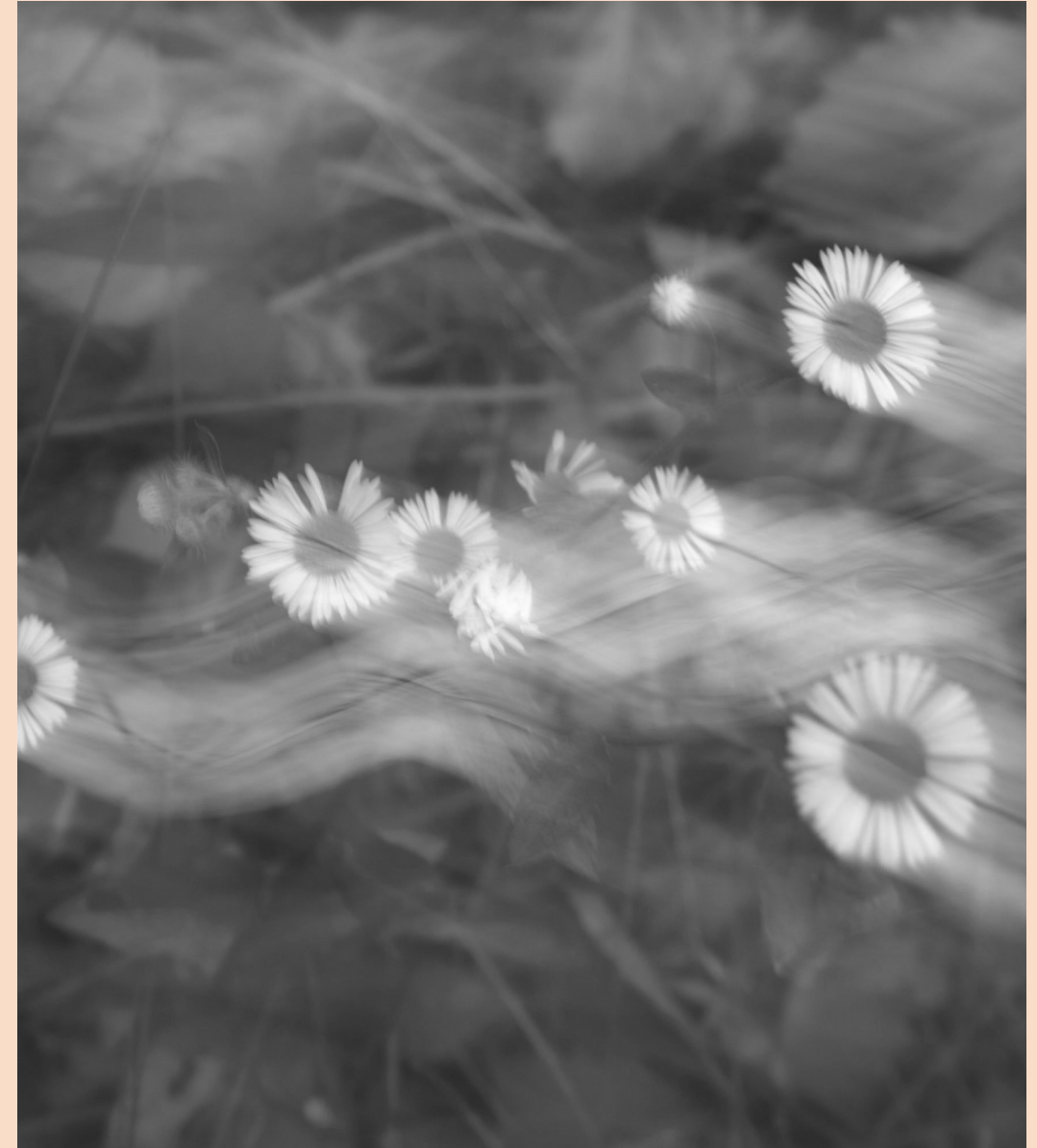
- Acceptance & Commitment Therapy
- Emotion-Focused Therapy
- Internal Family Systems
- Jungian Therapy
- Transpersonal Psychotherapy
- Mindfulness-based programs and Inquiry
- Motivational Enhancement Therapy
- Somatic Therapy



Integration Domains

- Mind, Emotional, Contemplative
- Somatic
- Spiritual/existential
- Lifestyle (Behavioral)
- Relational/community
- Natural World

(Bathje et al., 2022)



SECTION 4:

Assessment

Assessment

REDUCING RISK OF HARM

- Psychiatric/Medical Hx & Current Status
- Active Substance Use
- Trauma History
- Medications: Interactions
- Contraindications
- Internal/External Resources
- Expectations
- Informed Consent



Assessment

WHAT ARE YOU ASSESSING AND WHY?

- Is this person ready/suitable?
- What are the risks? Is it safe?
- What else do we need to know to determine this?
- Do they know the risks? (informed consent)



Contraindications

CONDITIONS

- Bipolar type 1
- Psychotic Disorders (ex. schizophrenia)
- Borderline Personality Disorder
- Active addictions
- Eating disorders (active purging)

OTHER

- Recent suicidal ideation
- Certain medications and supplement use: need to check
- Certain medical conditions
- History of psychosis and/or mania
- Severe state of desperation to state shift

Contraindications

MAPS MDMA FOR PTSD CONTRAINDICTIONS

- Primary psychotic disorder
- Bipolar 1 disorder
- Dissociative identity disorder
- Eating disorders with active purging
- Major depressive disorder with psychotic features
- Personality disorders
- Current alcohol and substance use disorders

MITCHELL ET. AL 2021



Relative Contraindications

Conditions and symptoms that you will need to obtain more information about regarding the client's current state, context, and capacity for managing distress.

CONDITIONS

- PTSD
- CPTSD
- Bipolar type 2

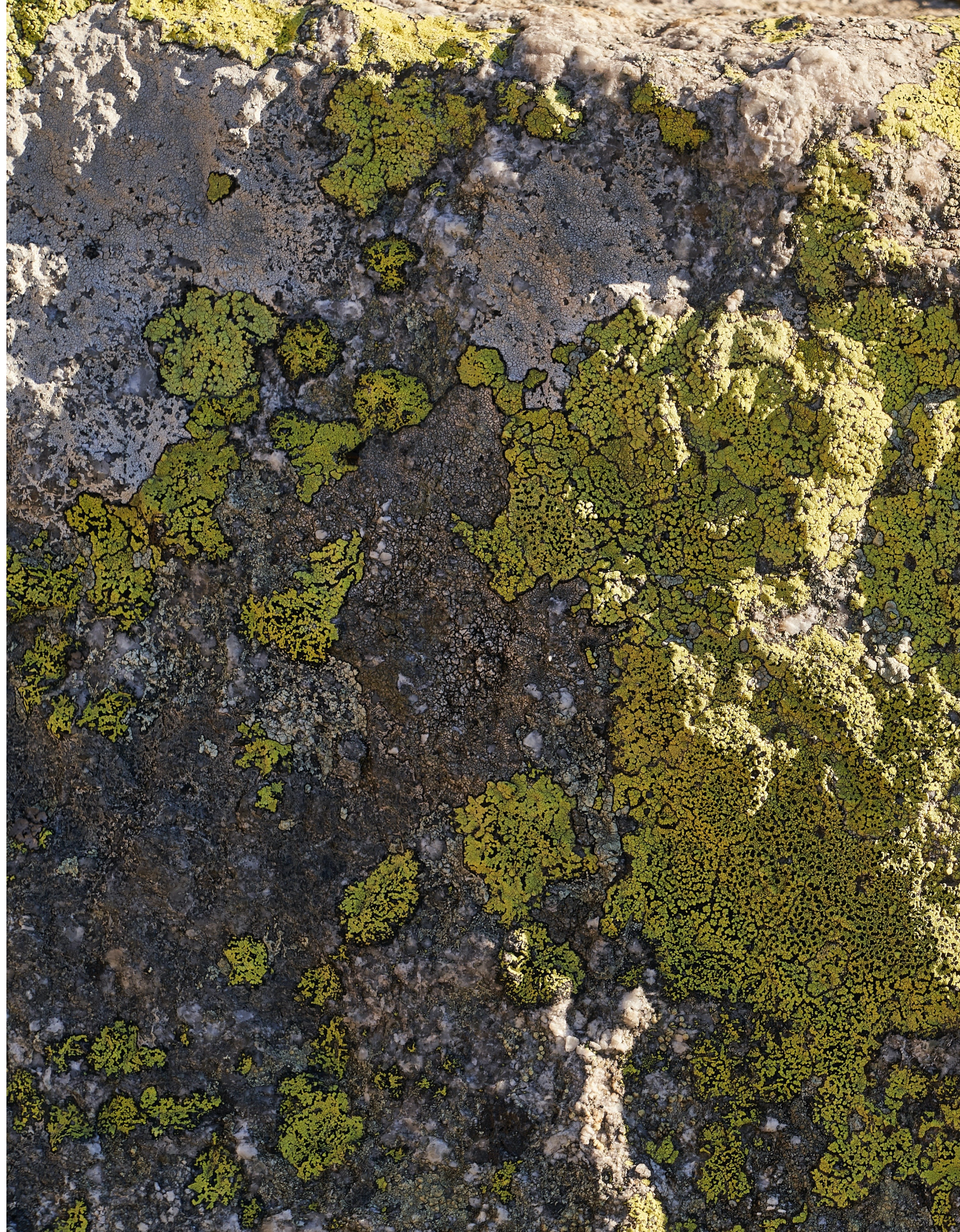
OTHER

- Adverse Childhood Experiences
- Severe history of relational trauma (lack of attunement and safety)
- Active addictions (current/past)
- Significant history of violence (keeping in mind the container and safety)
- Chronic history of suicidal ideation
- Extreme defensiveness

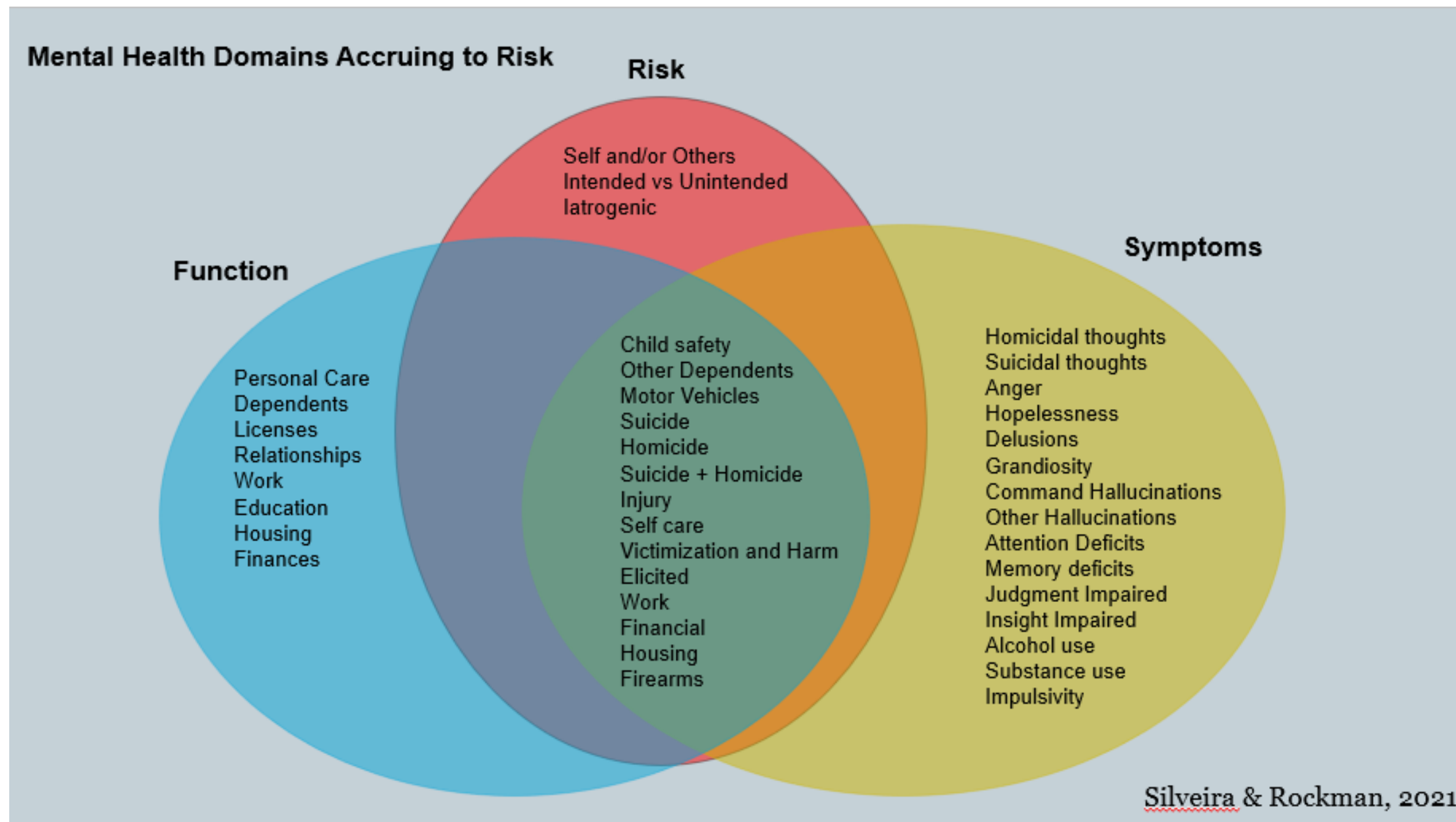
Suitability

PROTECTIVE FACTORS

- Support network: family, friends, therapist, etc.
- Meaningful work or volunteer activities
- Accessible internal resources
- Tools, practices, and frameworks that facilitate turning toward/staying with (exposure) vs avoidance
- Previous psychotherapy or other personal work
- Openness to collaboration with and feedback from the therapist
- Subjective experience of readiness and stability



Domains Accruing to Risk



SECTION 5:

Set & Setting

“AFTER HAVING PERSONALLY CONDUCTED OVER THE LAST FIFTY YEARS MORE THAN FOUR THOUSAND PSYCHEDELIC SESSIONS, I HAVE DEVELOPED GREAT AWE AND RESPECT FOR THESE COMPOUNDS AND THEIR ENORMOUS POTENTIAL, BOTH POSITIVE AND NEGATIVE. THEY ARE POWERFUL TOOLS AND, LIKE ANY TOOL, THEY CAN BE USED SKILLFULLY, INEPTLY, OR DESTRUCTIVELY. THE RESULT WILL BE CRITICALLY DEPENDENT ON THE SET AND SETTING.”

STANISLAV GROV

Set



- The expectations, motivations, and intentions of the subject regarding the session
- The therapist's or guide's concept of the nature of the [drug] experience
- The agreed upon goal of the psychedelic procedure
- The preparation and programming of the session
- The specific technique of guidance used during the drug experience

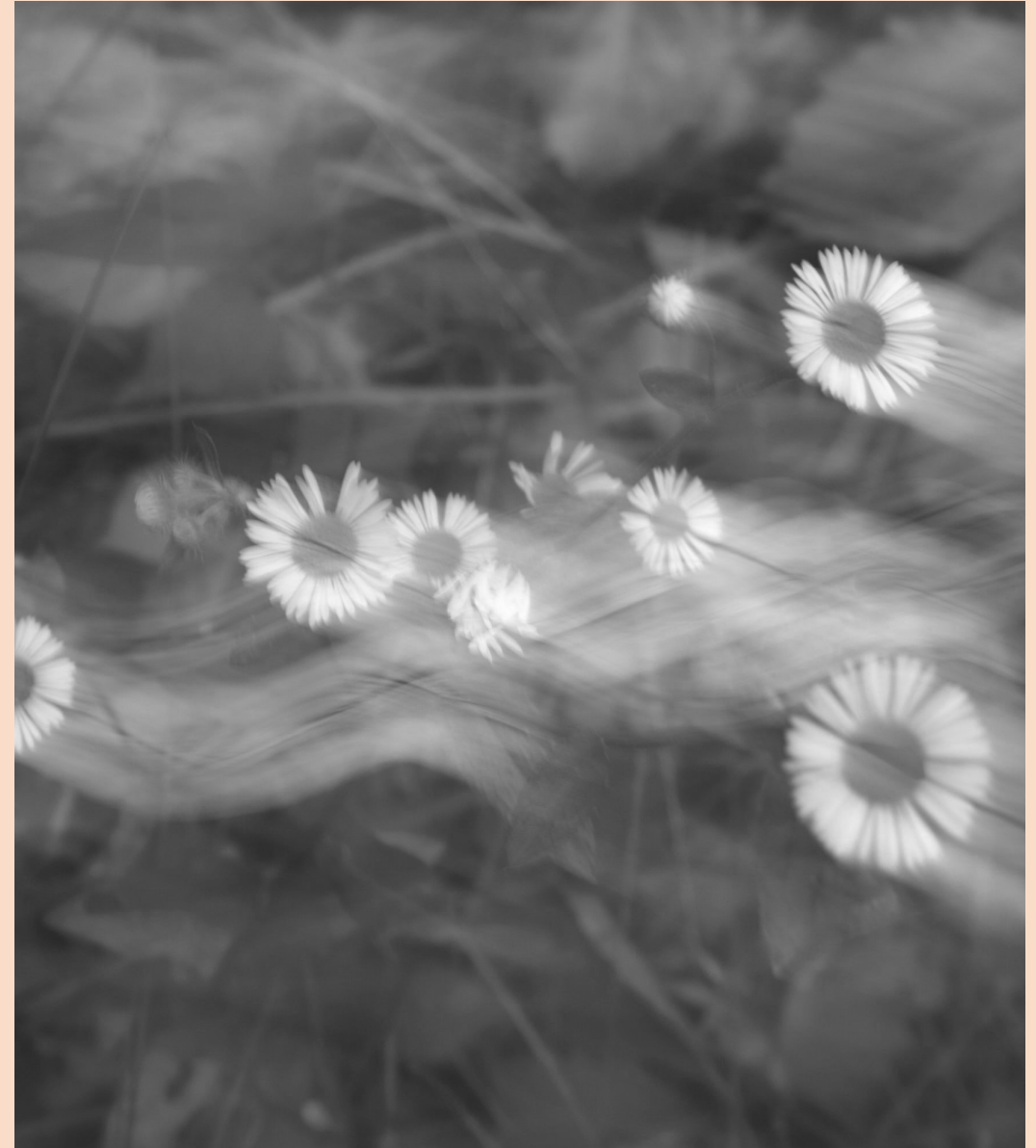
Setting



- The actual environment, both physical and interpersonal
- The concrete circumstances under which the drug is administered

Traditional Approaches

- Emphasis on environmental context and psychological factors in traditional ceremony
- Long preparation
- Spiritual leader, shaman
- Music, chanting, prayer, ritual
- Often in nature and with community



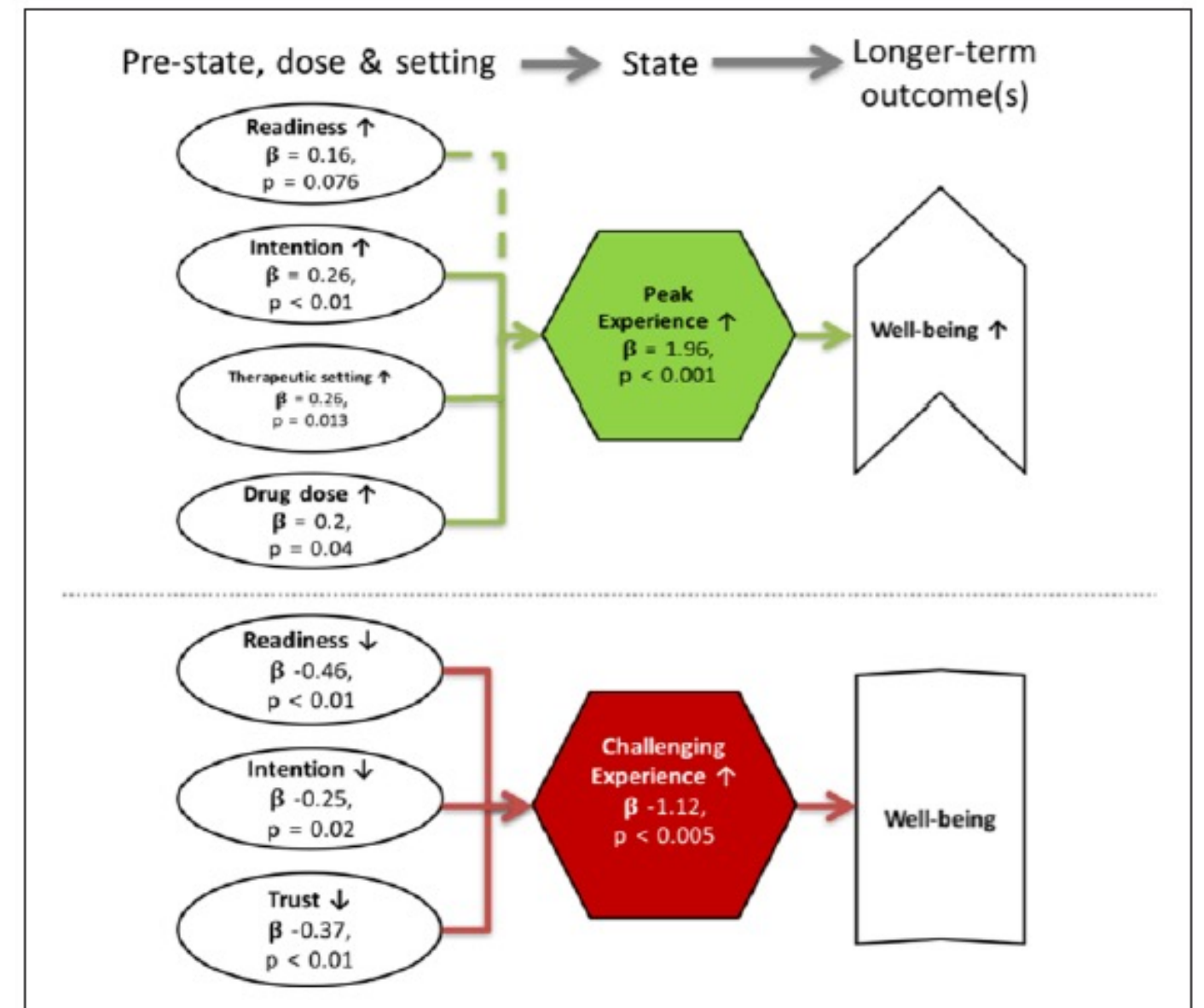
Set & Setting

- Phrase embraced by Timothy Leary
- THE most important determinant of the content of the experience
- Important in clinical trials
- Intersubjective field
- Socio-political context
- Sensitivity to context as proposed mechanism of action (Carhart-Harris et al., 2018)



Set & Setting

- S&S factors predict mystical experience, which subsequently predict improvements in well-being
- Poor S&S factors predict challenging experiences, which subsequently predict more limited increases in wellbeing
- Being with trusted guide protects against negative impact of challenging experience



SECTION 6:

Preparation

Preparation

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

- Identifying and reducing client risk:
 - Review Assessment & informed consent
 - Safety Plan
- Determining intentions
- Identifying and managing expectations
- Cultivating set and setting
- Creating a support, integration and self-care plan (prior, during, after)



Preparation

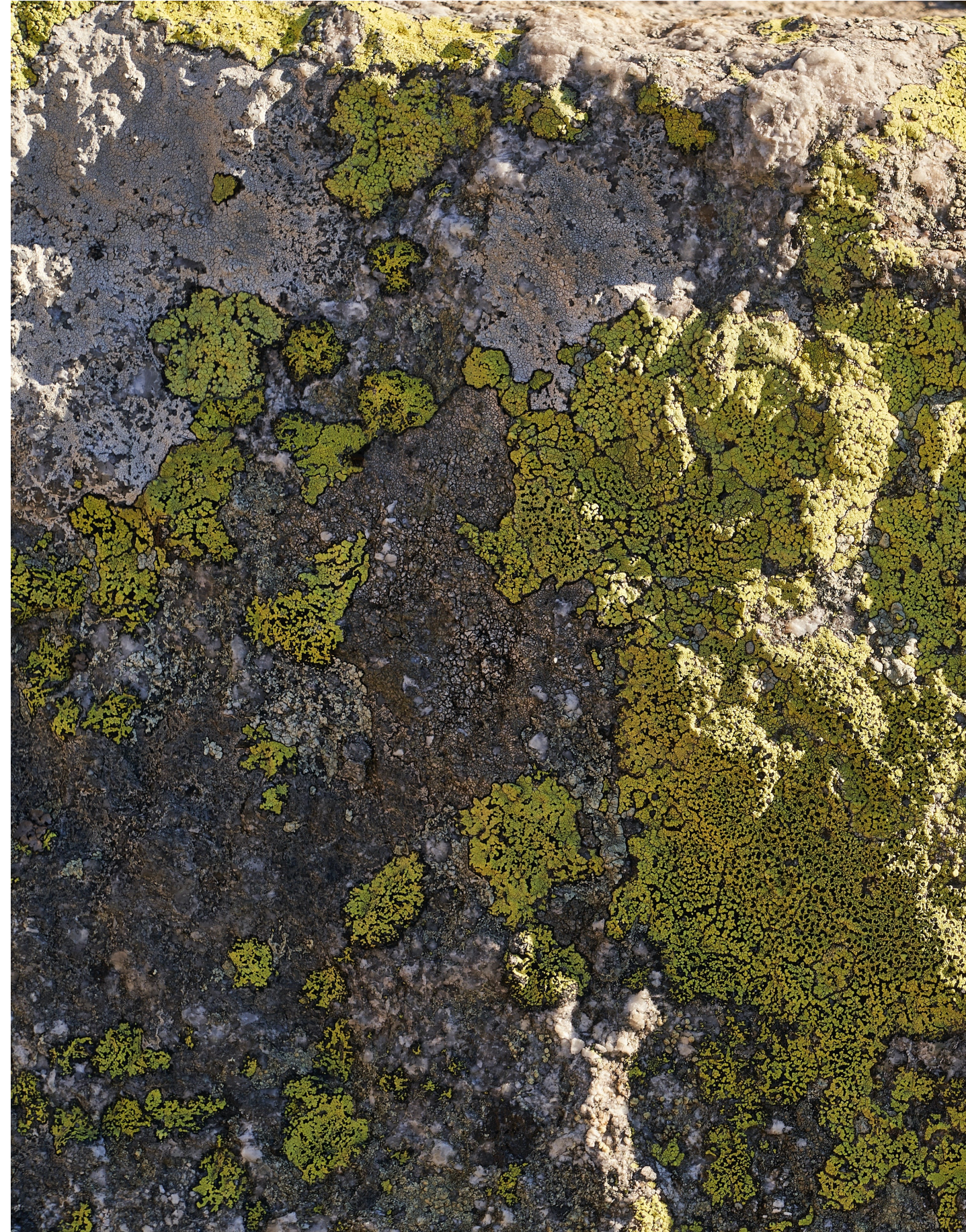
I can't advise you, but consider:

- Dosage & source – Test your drugs
- Medication adverse effects and interactions
- Guide or other support before, during, after
- Set and setting
- Time for preparation, before/after the session, integration
- Address hopes, aspirations, intentions, fears, challenges
- Resources – external (people, places, things) & internal (Practices-breathing exercises, body place, visualization)



Core Elements of Preparation

- Orientation and education
- Intention and expectation setting
- Resourcing
- Addressing fears and resistance



Today's Agenda



DAY 1
OVERVIEW OF THE DAY
HARM REDUCTION
ASSESSMENT
PREPARATION

DAY 2
SETTING
INTENTION
INTEGRATION
SOMATIC & MINDFUL INQUIRY
THERAPIST COMPETENCY & ETHICS

Intention

AIMS

- Clarify and reflect on motivations for seeking psychedelic experience
- Encourage turning toward experiences versus avoidance
- Anchor for the psychedelic experience
- A lens to process the experience during integration



Intention

PRINCIPLES

- Simple, clear, and concise
- Therapist supports discovering and distilling main themes and patterns
- Encourage the client to imagine more possibilities for themselves and their lives
- Intentions can change and are an ongoing exploration
- Reflect values, areas of suffering, and desired changes
- Use the client's language
- Can look different in reality to what was imagined
- Serve as an integration tool
- Intentions are distinct from expectations
- Can be both an anchor but also held loosely to be open to the experience that arises



EXPECTATIONS

- Narrow and restrictive in nature
- Desired outcome versus actual outcome



Intention Setting Frameworks

Show me, Help me, Teach me

- The Miracle Question
- ACE Bodyscan



SECTION 7:

Integration

“INTEGRATE” ETYMOLOGY:

THE ACT OF BRINGING TOGETHER THE PARTS OF A
WHOLE.

FROM A PSYCHOLOGICAL LENS, HOW COULD WE
CONCEIVE OF THE PARTS? WHAT COULD THIS IDEA OF
WHOLENESS MEAN OR LOOK LIKE IN EVERYDAY LIFE?

Integration Needs

REGULATION

NORMALIZING

METABOLIZING

MEANING-MAKING

KEEPING IT ALIVE

CONNECTION TO OTHERS

COMMITTED ACTIONS

SPIRITUAL NEEDS



REGULATION

How is the client coping or not, post experience?

The priority of the integration needs is regulation

- Nervous system and emotional regulation
- Down regulating & up-regulating

Somatic and mindfulness techniques to support:

- Returning to window of tolerance
- State shifting
- Managing & coping
- Accepting and turning towards discomfort

NORMALIZING

“Is this normal?”

- Worldview and experience translation and integration
- Provides the client with a reference point
- Psychoeducation and understanding the basic psychedelic effects are essential

METABOLIZING

Metabolism is defined as a chemical process reliant on enzymes and is either anabolic (synthesizing) or catabolic (breaking down), providing energy for cellular processes.

- What are we breaking down?
- What are we synthesizing?

METABOLIZING

- Psychedelics as tools for opening and connecting us more deeply to our internal experiences
- Period of increased sensitivity post experience
- The continued processing and moving through the body: emotions, sensations, thoughts, and actions

MEANING-MAKING

- Humans are meaning makers
- Makes sense of experience
- Define and reinforces a sense of self
- Provides alternative perspectives and interpretations
- Disrupts fixed views and beliefs
- Processing and exploration of symbols, metaphors, and archetypes

KEEPING IT ALIVE

Highlights the need to stay in relationship and connection with the experience. Allows the experience to evolve, change over time and be integrated into everyday life.

CONTEMPLATE

- How could this look like in my everyday life?
- What does this mean in my everyday life?
- How do I honour this experience?

KEEPING IT ALIVE

WAYS OF DOING THIS

- Developing new practices and rituals
- Carving out time for reflection (scheduling)
- Exploring meaning 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

CONNECTION TO OTHERS

Relationships and relationship needs may change with this work.

IMPORTANT ELEMENTS

- Knowing who to share the experience with
- Relationship changes – letting go and cultivating new connections
- Desire for likeminded community
- Deeper connection to the environment and the natural world

COMMITTED ACTIONS

ACCEPTANCE AND COMMITMENT THERAPY'S APPLICATION

- New values emerge from working with psychedelics
- Support the client to make those values explicit
- Use these values to clarify intention for the integration process
- Establishing realistic actions, goals and tasks
- Determine behaviours that move the client away from their intentions/values
- Develop behaviours that support the client to move towards and are consistent with intentions/values
- Shipibo concept of tests during the integration phase and opportunities to practice the lessons

SPIRITUAL NEEDS

FOR OUR CLIENTS

- Explore authentic and non-appropriative spiritual practices
- Reconcile any changes in spiritual beliefs post-experience (atheist having “a direct experience of god”)
- Develop spiritual practices and meaning on the emotional, cognitive, and practical level

SPIRITUAL NEEDS

FOR THERAPIST OR GUIDE

- Reflect on biases
- Mindful not to impose one's biases
- Respect difference

SECTION 8:

Somatic & Mindful Inquiry

Somatic Inquiry

SIBAM

- Sensations (inter/prop)
- Images (internal sight)
- Behaviour (observable)
- Affect (named, physical correlates)
- Meaning (arising/applying)

Mindful Inquiry

B, T, E, BE (ACTIONS, URGES, IMPULSES)

- Body (sensations/senses)
- Thoughts (sentences, images)
- Behaviour (action, impulses, urges)
- Emotion (single words, phys correlates)
- Abstract Conceptualization/Integration

INQUIRY LEADS BY FOLLOWING THE CLIENT

SECTION 9:

Practitioner Competencies

Competency Areas (Phelps)

1. EMPATHETIC ABIDING PRESENCE
2. TRUST ENHANCEMENT
3. SPIRITUAL INTELLIGENCE
4. KNOWLEDGE OF THE PHYSICAL AND PSYCHOLOGICAL EFFECTS OF PSYCHEDELICS
5. THERAPIST SELF-AWARENESS AND ETHICAL INTEGRITY
6. PROFICIENCY IN COMPLEMENTARY TECHNIQUES



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