

1. What does “psychedelic integration” mean to you?

BRIAN: Psychedelic integration is an umbrella term that refers to a range of activities (including psychotherapy) that are conducted to maximize therapeutic benefits and minimize harm from psychedelic experiences. Within psychedelic integration there is often a multidisciplinary aspect which calls on things like music, art, movement/bodywork, and nature. It is my belief that psychedelic integration is best done in community and is therefore difficult to do alone. Psychedelic integration includes:

- Making sense of confusing experiences
- Making meaning or generating useful narratives/stories
- Address lingering distress or symptoms
- Concretize insights or new perspectives
- Thoughtfully make changes based on new insights
- Resolve conflict between psychedelic experience and one’s prior belief systems
- Coping with fading of experience and returning to older habits and behaviors
- Addressing psychological content that emerges, such as trauma
- Adjusting back to regular life
- Building and increasing connections and social support
- Increase engagement with non-rational domains such as creativity, movement, art, dancing, nature, etc.

I primarily use Acceptance and Commitment Therapy which is a mindfulness-based therapy. In short, ACT is a process-based therapy that is less focused on symptom reduction and more focused on increasing engagement with a values-based life. It posits that most suffering found in mental health problems is the result of experiential avoidance, or the avoidance of difficult thoughts, emotions and memories. ACT is a great fit for psychedelics because they help with both: showing us things that are painful or avoided (so that they can be healed) and increasing clarity of values, meaning, and purpose.

Using a flexible approach, I first work with clients to establish their treatment goals. What do they want to get out of meeting with me? Based on these goals, I will use a range of interventions using an ACT model. My integration sessions therefore might look similar to other regular therapy sessions, though are informed by my own experiences and knowledge of psychedelics. Usually I often begin with a basic intake and then by asking the client to describe their experience(s) in depth. It is often the case that they have never shared this with anyone and may harbor shame and stigma about it. Then, I will select interventions based on their treatment goals. Perhaps they just want someone to process their experience with. Perhaps they are having trouble making changes based on what they learned. Perhaps they are unsure of why they had the experience that they did. All of these might lead to different paths.

ACT is a behavioral therapy so it is very focused on behavior change. Therefore, there are many tools within ACT to support making life changes. I use these tools often during

integration sessions. I regularly assign homework with all my clients and will collaborate with them to find something that makes sense based on their treatment goals.

Unless there is a specific reason not to, I always encourage using alternative means for integration and will assign homework such as drawing, journaling, calling a social support, going out in nature, eating a balanced diet, or listening to music. I often encourage the development of some form of mindfulness practice or returning to a mindfulness practice that they have already used.

From an evidence-based perspective, there is still much to learn about the best therapeutic interventions to be used during psychedelic integration.

LAURA: Psychedelic integration means honoring the unfolding healing, learning, change and growth process from a psychedelic experience, *over time and embodying the changes into everyday life*. Integration can be holistic and multidisciplinary and looks different for each person depending on their own history, experience and needs. Integration means being open to the unfolding potential for healing, change and growth from a psychedelic experience in all relationships including relationship with self, others, family, community, the earth and spirit/universal consciousness (depending on each person and if this is part of their experience).

Integration is a process of making sense and embodying and putting into action the wisdom and insights gained after psychedelic experience. Sometimes integration may include processing unresolved trauma, grief and receiving support within community for potential difficulties that may arise after a psychedelic experience. Integration that is supported within a multidisciplinary community, in relationship with others, and the Earth is what nurtures and cultivates lasting resiliency, growth and change.

It is necessary to have resources and trusting relationships to navigate the unfolding healing and transformation after a psychedelic experience to embody the changes in everyday life.

Integration is a holistic process over time, expressed and supported through a variety of ways including mindfulness, somatic and relationship centered therapy, EMDR, breathwork, Sensorimotor, Reiki, working with partners and family members to understand and foster supportive resources, shamanic journeying, ritual, relational and group work, nature, and movement/dance.

LESLEY: Psychedelic integration means working with the psychedelic experience as a valid and useful experience that can help a person grow and heal. This is especially important for difficult experiences (“bad trips”) because depending on the content of the experience, these can be potentially re-traumatizing if not addressed, and often contain important material that is relevant for a person’s growth or healing. Working with a therapist trained in psychedelic integration can help a person transform a negative psychedelic experience into something that helps them to heal trauma, make important changes in their life, or to

leave behind destructive behaviors or patterns. Most therapists are not trained in how to address experiences like this and would not know how to integrate them into therapy. In addition to individual therapy, integration can be art therapy, expressive arts in a supportive community (music, movement, visual art, writing, sharing etc), integration circles/ peer support, seeking support from a traditional healer or spiritual counselor, engaging in community in an intentional way, being in nature, taking better care of one's body.

When clients reach out to you *because* of your experience in psychedelic harm reduction/integration, what are some of the reasons they seek your services or the “presenting issues” they come in with?

BRIAN: Probably more than half of the clients that seek me out are coming to me to prepare for a psychedelic experience. They want to learn more about psychedelics, how to safely use them, and what to expect. During these sessions I use a harm reduction approach that involves helping clients access accurate information and make their own informed choices that are best for them. I encourage clients to do their own research, but will fill in the gaps with basic information. It is good for a client to know the risks and benefits involved. I can support them in making their own choice, but do not advise for or against the use of psychedelics. For example, some basic risks that I cover include:

- Difficult or challenging experiences that can be scary or disorienting
- Uncertainty of safety and purity of drugs
- Potential interactions with current medications
- Sudden changes in perspective
- Difficulty explaining experiences to family and friends
- Disruptions in relationships
- Difficulty returning to daily life
- Increased awareness of self or others that is difficult to integrate
- Possible risk for triggering psychosis or schizophrenia

I regularly discuss the process of setting an intention. I also stress the importance of acceptance, surrender, etc. This is extremely important in reducing the probability of a challenging experience which often occurs when a person meets a difficult psychedelic experience with aversion or resistance, amplifying the distress. I want the client to know the full range of potential experiences that are possible so that they are not caught off-guard.

I typically try to base my information on the evidence base developed from clinical trials. However, I also value other ways of knowing such as indigenous perspectives and traditional use of psychedelics from other cultures.

All of the clients who come to me have co-existing mental health problems. They fall into several categories:

- Clients who have failed traditional treatments (e.g. meds, therapy)

- Clients who want to incorporate psychedelic use into traditional therapy (Sometimes it is just traditional therapy, but a few sessions will focus on psychedelics).
- Clients who just want a few informational sessions
- Clients who have had prior psychedelic experience (positive, negative, neutral) and want support around it

Psychedelics are great tools for bringing up psychological material from our past that we have previously avoided, repressed, or denied. I like to say that they are helpful in showing us what we don't even know we are avoiding. However, this benefit also has the potential to be overwhelming, de-stabilizing, and leading to a worsening of symptoms in the short-term. This is especially true for clients with a trauma history. In the right context of a safe and supportive setting with strong social support, clients can often navigate these situations and come out on the other side with positive growth. However, these experiences are still very distressing and challenging when they are happening. For example, somewhere around 30% of participants in a trial of psilocybin experienced marked periods of anxiety and fear and 17-39% experienced paranoia (Griffiths et al., 2006, 2011).

In worse cases where there is no support, clients can often remain triggered or distressed for long periods of time. They may feel they have done something wrong, damaged their brain, messed up, or regret their decision to use psychedelics. This is particularly notable in individuals with PTSD who have a tendency to self-blame to begin with. Integration is essential to help such clients normalize this experience, understand that it is often connected to a larger process of growth, receive basic emotional support, develop a coping/safety plan, and apply interventions to help stabilize a person.

LAURA: Clients typically reach out for the following reasons:

- Unresolved trauma grief/loss that arose *during a psychedelic session*. They want to continue processing and making sense of what arose during that session to support healing/ changes unfolding in their lives.
- Unresolved trauma/grief/loss that arose *post* psychedelic journey(s)
- Structural dissociation – parts work for surfacing trauma and attachment repair
- Navigating relationships with partner and family post experience
- They are experiencing a reconnection to their body for the first time, and they are wanting to heal early developmental trauma and/or find ways to integrate through somatic and holistic therapies.
- They are navigating a new sense of connection to Self through intuition, intimacy, spirituality and the Earth
- They want to connect with other women and folks in a group setting to talk about their experiences and get support, to feel part of a community and empowered in their healing journey in relationships to relational trauma, attachment and embodiment
- Reorienting to their purpose
- Navigating changes in partnership, family and work, or seeking stabilization and grounding in self or relationships due to increased trauma surfacing

- Empowering a sense of choice and exploring what feels safe/unsafe in a psychedelic journey

LESLEY: Difficult psychedelic experiences that have left the client feeling confused, overwhelmed, or experiencing trauma responses due to either the experience itself being traumatic or having unresolved traumatic experiences surface during the trip.

Have you had clients express interest in pursuing psychedelic/journey work (particularly with psilocybin) whom you have advised *not* to pursue such services currently? If so, why?

BRIAN: Because I use a harm reduction approach, I typically don't take a stance for or against psychedelic use. I don't see that as my role. I might raise concerns about aspects of their plans, such as if they are deciding to do psychedelics alone. While clients are often looking for guidance around things like which substance to use, dosing levels, etc., I feel that there is not enough science to adequately answer these questions. We are just beginning to scratch the surface as to what psychedelics are good for what problems, etc. Moreover, I believe that the use of psychedelics is a deeply personal choice. I love using a harm reduction approach because it is empowering to clients to be in charge of their own decisions. I will encourage a client to take their time, do research, talk with people, and make sure it is the right decision for them. I will also talk about the risks for people with a predisposition for mania or psychosis, etc. I will also encourage clients to consider how stable they currently are in terms of various aspects of their life such as mood, housing, finances, etc. I think psychedelics are likely most helpful for mental health problems characterized by rigidity or being stuck (e.g. negative thoughts associated with depression or anxiety, addiction, OCD) and less helpful for mental health problems where this is already disorganization (e.g. psychosis, certain personality disorders) or if their current situation is unstable (e.g. they were just kicked out of their house by their spouse and are living in their car).

LAURA: Yes, contraindications. In this case, I would offer clients the opportunity to make informed choices instead of advising them. If a client has a complex trauma history and hasn't done much of their own trauma or therapy work personally, does not have a lot of ego strength (internal resource/insight) or external support, limited capacity to engage in mindfulness or tolerate difficult experiences, or difficulty regulating their nervous system, I would review the potential risks of pursuing psychedelic work. Specifically, in these cases it may potentially be retraumatizing and highly dysregulating on the nervous system- which can impact a person on all levels. I would suggest this person start with basic mindfulness, nervous system stabilization/resourcing, somatic-based practices and developing a support system. I would work with this person to expand their window of tolerance by developing resources and capacity to slowly work with difficult experiences in the present with a safe person with *choice*. The hope is the person would feel empowered by increasing embodiment and capacity to navigate trauma resourcing and processing (to be prepared if trauma arose in a psychedelic journey space thereafter). I would frontload

this person with lots of preparation and resourcing. Of course, the person is ultimately the one to decide if they want/ are ready to have a psychedelic experience.

LESLEY: Yes- clients on mood stabilizer, antidepressant or antipsychotic medications. If these clients are interested in a psychedelic session I suggest they talk to their prescriber first. I would also exercise caution with a client who experiences manic or psychotic episodes, especially if they have never taken psychedelics before and do not know how it impacts them. I have also advised against psychedelic use for clients who used them in an unhealthy way, such as to dissociate from reality, who use them too frequently and it is impacting their health, relationships or work. (I think it is important to note that I am an advocate for cognitive liberty and believe people should be able to do what they want with their own bodies. However if someone is coming to me for help with their mental health and psychedelic use is in opposition to that, I will recommend against it for that particular individual).

Similarly, if you have worked with clients to prepare for a psychedelic experience they planned to have anyway (i.e., with an “underground” practitioner/sitter or on their own), describe what a typical “prep” session might look like (i.e., what methodologies or techniques did you use to prepare them)?

BRIAN: I typically base my preparation session around what is done in the clinical trials. Often, people don't think about certain details so I usually try to cover the following:

- Days before a journey (reducing use of electronics, reducing stressful obligations, etc.)
- Learning the effects of the substance (i.e. range of experiences)
 - Side effects including physical discomfort during ramp-up phase
 - How long it will last
- Location: where do they plan to do it? Do they feel safe there?
 - Setting up the environment to be aesthetically pleasing
 - No demands or possible intrusions (if possible)
 - Getting familiar with the environment ahead of time
 - Safety issues (e.g. walking to the bathroom, etc)
- People: will they be alone? With others?
 - Discussing with sitter preferences for amount of contact. For example, do you want the sitter to check in on you if you don't go to them?
 - Negotiating the use of physical touch
 - If alone: backup options (e.g. call a friend, Fireside chat, etc)
 - If using a guide or ceremony: do they trust their guide? Have they met them before?
- Timing: reviewing details of schedule
- Music and eyeshades: I often say this is the model used in clinical trials but it doesn't work for everyone. I work with people to help them decide what they think is a good starting plan, but also encourage them to be flexible if they find it too limiting, etc.
- Food: how much to eat before, what to have ready for after
- Evening: How to approach the come-down and beginning of integration

- o Can begin journaling if that feels right, but isn't necessary
- o Use of other modalities (movement, music, art, etc)
- Next day: plans for integration activities
 - o Best to have a day to transition to normal life
 - o Sharing with others: be careful around who you share with
- Social support: identifying people to have as support
 - o Reaching out to let them know beforehand
- Medications: having the client consult with their provider or consult educational resources to determine potential contraindications

LAURA: Typically as described above (in previous question). Clients who see me are typically working on trauma and attachment and I prepare folks from the orientations of Sensorimotor and shamanic work (soul/spirit/interconnection with nature) -if this is what they are interested in. I also assess internal/external resources, mindfulness capacity, and awareness practices. I provide education about the nervous system, polyvagal theory, window of tolerance, parts work from a structural dissociation/trauma and attachment perspective, and somatic practices (both resourcing and working with trauma responses in the body). I work with people over time, typically 6 months to several years.

LESLEY: Primarily going over the importance of set and setting, working with the client to set intentions for the experience, practicing mindfulness and grounding exercises, possibly using art therapy as part of the intention setting, psychoeducation about the substance they are planning to take.

Give some examples of what successful “integration” looks like to you?

BRIAN: In my experience working with clients and in my own psychedelic experiences, integration is a process that can involve days, weeks, months, or years. Successful integration occurs when one puts forth time and effort to engage in some activities of personal growth related to their psychedelic experiences, and then sees benefits. This might be reduced anxiety or depression, or increased engagement with meaning and purpose.

One phenomenon in the psychedelic community is the idea of spiritual bypassing, or using psychedelics as a “shortcut” to personal growth. Indeed, there are some who are just drawn to the excitement and intensity of psychedelic journeys but do not make changes or “do the work” in between sessions. As a result, there are missed opportunities for growth and change because of a lack of integration.

Benefits from psychedelic experiences sometimes don't occur until the integration phase. A journey may feel uneventful or “blah”, but then during integration one begins to recognize connections and see that there were some therapeutic benefits. Or it is common that after integration, one can find some positive benefits out of a scary or challenging experience. Again, this sometimes doesn't happen until days, weeks, or even years after a journey.

LAURA: This depends on each person, but when someone feels connected to their body and the experience, to their heart, and aligned with their actions and in relationship to others and the Earth. Successful integration is honoring the unfolding process related to the plant medicines, with deep reverence for the healing and change in relationship with the plants, and to be open and trust the healing and growth process, while receiving support and care with others and community, based on the individual and their needs. *Successful integration is ultimately being with whatever is arising in the present moment and having the resources to support it.*

LESLEY: The client views the psychedelic experience as important and helpful, and they are not expressing confusion or fear about the experience. They have access to support and are working through any issues that may have come to the surface during the psychedelic session ex: discontinuing harmful behaviors, engaging with family, community in healthier ways, feeling more clarity about whatever prompted them to seek out psychedelic sessions

If you have experience running group or peer support integration circles, describe what those sessions are like

BRIAN: I run a support group for harm reduction and psychedelic integration. I offer this as a safe space for people to talk about their use of psychedelics for therapeutic purposes. Group members share information about best practices using psychedelics, answer each other's questions regarding common issues like dose, setting, preparation, etc. Group members also support each other in integration. When one group member shares about their psychedelic experience, other group members are able to provide feedback that is informed by their own use of psychedelics. It is a non-judgmental, supportive, and caring environment where people can relate to others around shared interests.

LAURA:

Somatic Centered Psychedelic Integration Group:

Duration - 9 months, Online format. Zoom. 6 women. Closed group. First portion is somatic and embodiment practices, 60 min is sharing about a variety of topics depending on what arises within the group.

Somatic Centered Psychedelic Integration Group for Healing Trauma: Duration – 6 months, Online and in person format. 6 women. Closed group. First portion is somatic and embodiment practices, 60 min is sharing about a variety of topics depending on what arises within the group.

LESLEY: I have run art therapy and integration groups in which participants recall a psychedelic experience and draw/ paint imagery from their memories. Some basic art instruction is provided so they know how to use the materials. A sharing circle happens at the end of the group and participants are encouraged to talk about their experiences