

Manual for Psychedelic Guides



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Choice of Language in This Manual

The word “guide” is chosen for the individual(s) who oversee a psychedelic therapy session, as it is a broad, encompassing term which implies the appropriate level of intervention: somewhere between the overly active role of “therapist”, and the inactive role of “sitter”. It is assumed that the guide is able, when appropriate, to demonstrate the skills of both a therapist and a sitter. The word “guide” was also chosen because it allows for the inclusion of staff with a wide range of backgrounds, as a truly multidisciplinary approach is required.

The word “treatment” is used instead of “therapy”, as this is a broader term which is more encompassing of the desired “non-directive” approach.

The word “participant” is used instead of “subject”, as this word more accurately reflects their “active participation” and “empowerment to change”, which is foundational to this treatment process.

Introduction

The practice of working with psychedelics for healing or spiritual purposes is not new. Many indigenous traditions have used “sacred medicines” in ceremonial healing and spiritual contexts for centuries and underground therapists have been working with psychedelics in healing practices for decades. There are many different approaches and medicines (and combinations of medicines) used in individual, group, couple and family contexts. This manual is intended to be used by individuals who are assisting others to experience substances such as LSD, Psilocybin, MDMA, 3-MMC, DMT, 5-MeO-DMT, Ayahuasca and other psychedelics. It is intended to be a guide for therapists using moderate to higher dosages of a psychedelic. It is not intended to offer guidance for those who are involved in psycholytic therapy which is psychotherapy enhanced with a low dose of a psychedelic.

This document has been developed over many years with a wide variety of individuals who have contributed to its development, making this a community effort. This manual is not intended to offer training in a specific model of therapy (e.g. cognitive behavioural or Imago Relationship therapy) and it is assumed that many individuals who use this will be skilled practitioners in a wide variety of different therapeutic approaches, all of which could be enhanced by the information in this manual. Having skills in the art of therapy can be helpful in navigating the complex terrain of transference and countertransference which are generally amplified by psychedelics. In the development of the future profession of the “psychedelic psychotherapist/supervisor/guide”, a manual of best practice needs to evolve. This document is offered as a beginning to this process.

Psychedelic guiding has three stages; preparation, experience and integration. Thoughtful attention to all three stages is needed to maximize the opportunity for a positive outcome.

Set and Setting

The scientific, clinical, and anthropological/spiritual literature on the use of psychedelics emphasizes the importance of “set” and “setting”, which, when thoughtfully incorporated, are integral to gaining the greatest therapeutic benefit, maintaining ethical boundaries, and avoiding untoward effects.

“Set” refers to the mindset of the participant: the person’s beliefs, hopes, fears, personality, and expectations. Commonly associated with the advanced psychological preparation of the participant, set is also considered to be the state of mind the participant is in on the day of psychedelic ingestion.

The “setting” of the experience is also important. The space should be professional, private, safe, attractively decorated, relaxing and comfortable. Sound transmission to others who are not involved should be limited (or preferably non-existent). Plants, specifically flowers (a rose is traditional), offer beauty and nature. Being inside a warm, secure, safe and private environment allows the participant (and the guides) to be free of worries about interruption, and facilitates the desired inward experience for the participant. All equipment and personnel for the safety and implementation of the process should be easily accessible.

The space needs to be outfitted with a music system and headphones to play a music playlist, and participants will be encouraged to recline, with their eyes covered, on a comfortable sofa or bed for the majority of the session. Using appropriate music, and limiting external visual distraction with the use of eyeshades, facilitates an inward, deeply personal experience.

Creating a supportive set and setting includes:

1. Building a relationship between the participant, and the guiding team (or individual), in order to develop rapport, safety and trust.
2. Ensuring a familiar, secure, comfortable, and safe physical, psychological, and social environment.



Ritualizing the Process

Metzner (2015) has explored different elements of psychedelic rituals (e.g. singing, chanting, drumming, working with “sacred” objects) which are often used in a wide variety of indigenous traditions. A ritualistic approach to a psychedelic session has a number of advantages. Rituals can be imbued with a wide variety of meaning and therefore make the experience more personally meaningful for the participant. Healing and spiritual rituals can be “generic” and therefore be appropriate for individuals with a wide variety of healing or spiritual needs.

Rituals can be powerful in the creation of a container of safety. They can be “used as appropriate” in response to distress or challenging behaviour. A singing bowl or gong, for example, can be used to signify change. Here is where music can be particularly important. Communicating with music is cross-cultural and not prone to the complexity of possible misinterpretations and disagreements which can occur when communicating with words. The possibility of misunderstanding words is amplified when altered states of consciousness are involved. Music can be more appropriate than words when communicating with someone in a psychedelic state of consciousness, as the meaning of words is often state-specific and the interpretation of music is more universal. An example of appropriate communication with music occurs in Ayahuasca ceremonies where traditional Amazonian shamans interact with westerners seeking healing. If words were shared, the different world views would probably conflict, as shamans often believe that psychological problems are the result of “bad spirits” and the western belief system focuses more on issues like past trauma. When music is the medium of communication, the disagreements are minimized and healing is promoted.

While rituals can be powerful in bringing safety and meaning to the experience, they can also be problematic. If the rituals are not “in sync” with the participant, or if the guide believes that their particular brand of ritual is special, and the healing is then attributed to the healer and not the participant, this can be a disempowering experience for the participant. Rituals can also be inflexible and not adapt to changing circumstances. An Ayahuascaro who refuses to use disposable cups when running a group of individuals with addiction concerns who have high rates of Hep C and HIV can increase disease transmission. The explanation that “this is our tradition” is poor consolation to anyone newly infected.

Participants who are not “in sync” with a ritual might also feel that it is an imposition upon them. In order for rituals to be truly meaningful, meanings, symbols, and beliefs must be shared, to some degree. There can be a problem of assumption of beliefs and values imposed on the participant by the guide via rituals. For example, the guide may want to do something as seemingly benign as “calling in the ancestors and spirit guides” to help facilitate a session, but the participant may not share these beliefs. Not everyone who seeks psychedelic treatment is in agreement with metaphysical or spiritual beliefs. For some, too much ritual can be alienating and off-putting. Skillful use of rituals requires the guides to be adaptable. Guides should also remind themselves of the importance of humility and that the healing comes from the participant not the guide. To maximize the healing potential of the experience, ritual practices and meanings should be discussed before committing to the session, and guides should be flexible in the type and amount of ritualistic structure which they bring to the session. Based on this discussion rituals can be added, deleted or adapted to suit specific participants.

Presence and Intentions

Guides’ presence, intentions, assumptions, actions, theoretical knowledge, skill sets, personalities, and intuitions (essentially the entirety of their body, mind, and spirit) influence set and setting. The individuals come to this work from a variety of professional disciplines, training backgrounds, and philosophies. Divergent interests, skills, and experiences are beneficial to the development of best practices, as many perspectives are needed to ensure the highest quality process.

Effective psychedelic treatment session guides act to facilitate the journey into conscious awareness, with full presence and integrity toward the individual, informed by science and medicine. Instead of acting as interventionists, guides serve to provide security and comfort without intrusion, by establishing rapport and trust with the participant, and by maintaining an aesthetic, comfortable setting in which the participant feels safe.

When non-ordinary states of consciousness are occurring, guides remain steady and centered. It is essential that the guides engender human warmth and infuse the setting

with a sense of groundedness. They must also adhere to rigorous guidelines, and be knowledgeable about the specific medicine they are using.

The guides appreciate that the participant is a collaborator and co-investigator – a brave individual who journeys into unknown terrain, and returns to assist us all by sharing aspects of their journey that may be useful for their growth and awareness, as well as for the growth and evolving skill of the guide.

It is essential for the guides to have the utmost of trust in the entire process – in their skills, their team, and the participants. Equally important is the cohesiveness of the team as a whole, with every guide resonant with whomever they are paired with, as well as being mindfully aware, supportive, and communicating openly with other members of the team. Members of the therapy team who are paired together to co-facilitate a psychedelic treatment session should spend time together with the focus of developing a trusting interpersonal relationship where open communication is possible. This relationship fosters learning for both guides, and allows for a constructive, healthy debrief at the end of the session.

Inner Healing Intelligence

Inner healing intelligence is a concept used throughout this manual. This concept was originally developed by Stanislof Groff and refined by Michael Mithoefer, who has made this central to the MAPS MDMA-assisted treatment process. This concept is used to help put the participant in touch with their innate ability to heal and grow, and to empower the participant to be responsible for their own healing. Turbulent and often difficult emotional processes may be easier to work with and resolve when understood to be part of the Inner Healing Intelligence. The following explanation may be helpful in discussing the concept with participants: The body initiates a remarkably complex and sophisticated healing process and always spontaneously attempts to move toward healing, as evidenced by the inevitable healing of a cut or a bruise, for example. The psyche too exhibits an innate healing intelligence and capacity, which is revealed by psychedelic medicine. Guides who understand the concept of the Inner Healing Intelligence are less active (and more empowering) than therapists who believe that their interactions with the participant will result in the healing process.

The Role of the Guide

The role of the guide is to attend to the physical, personal, safety, and other interpersonal needs of participants, with full attention and open acceptance, while avoiding “care-taking”, psychoanalysis, fixing, labeling, diagnosing, or being distracted.

Qualities of Guides

The following qualities and skills sections was adapted from Karen Coopers Guide Manual (2014).

A Knowledgeable, Skilled and Wise Guide:

- Has the experience and wisdom to understand the degree of activity of the role and generally not act as an “inactive sitter” or “overactive guide”, but can act in either of these roles as required.
- Has the skills to cope constructively with hazards and obstacles of the psyche.
- Knows when not to intervene, and knows when and how to assist the process.
- Has a full appreciation for being alive, lives a meaningful life, understands that we are all “wounded healers”, knows some of the agonies and ecstasies of human existence.
- Has an understanding of the pharmacology (e.g., mechanism of action, typical timing of onset, duration), and expected or possible effects of the medicine.
- Trusts both the psychedelic medicine and the participant’s internal healer to find the process of healing for the participant.
- Has the ability to stay relaxed and grounded in the presence of intense anxiety and other emotions that may be expressed emotionally or physically.

Experiential Knowledge:

- Has appreciation for the mystery of their own being.
- Has awareness of content beyond the ego.
- Understands awe/respect toward transcendence.
- Understands that encounters with transcendence can be meaningful, significant and life-transforming.
- Maintains the ability to remain objective; uses discernment rather than judgment.
- Is able to avoid using or relying on labels such as “psychosis”, “freaking out”, or “bad trip”, and is able to respond mindfully to observed behaviours and perceptions.
- Personally understands the benefits that can be obtained from altered states of consciousness.
- Has an ability to shift between mode of scientist and mode of poet and compassionate presence, drawing on each as appropriate.
- Appreciates that sessions are like a piece of art created in collaboration with the participant. Each experience is unique and involves accessing intuition, expression of feeling, being vulnerable, and waiting to see what unfolds.

Knowledge of the Human Mind When Seen Through the Lens of Psychedelics

Guides should be aware of the range of different theories that have been developed to understand the nature of the conscious and unconscious mind as it manifests under the illumination of psychedelics. Currently these models are still under development and wide-ranging, as followers of Grof observe the BPM or Basic Perinatal Matrices, Freudians observe Oedipus, Jungians see archetypes, and neuroscientists see the

suppression of the default mode network. Understanding indigenous models is also helpful. Many shamans for example understand that consciousness is filled with entities, spirits, and beings, who interact with the participant in psychedelic states. Some are neutral, some beneficial, and some are harmful. Ideas of possession, channelling, messages, and communication are supported. Also understanding the nondual model is valuable. Here it is observed that consciousness is unitary and is a reflective mirror of interactions between different levels of the unitary self where nothing is seen as “other”.

An understanding of these different theories is required for any guide who supervises the psychedelic experience.

Knowledge of the Power and Importance of Human Relationships

- Guides follow all relevant professional codes of ethics, in addition to the ethics outlined below.
- Guides maintain non-manipulative, non-exploitative relationships and appropriate personal and professional boundaries.
- Guides understand transference (understanding the projections from a participant) and countertransference (owning ones own projections about a participant) and are able to demonstrate the ability to self-reflect on, and discuss these issues, as needed.
- Guides understand the power imbalance that occurs in the relationship between the participant (who is extremely disclosing and vulnerable), and the guide (who is seen as being the “wise one”). There are a number of possible concerns here, as it is easy for an immature guide to start to believe that they really do have the answers, and start to believe that they are “THE great therapist”. The appropriate response is humility (not ego inflation), and the ability to see the participant’s issues as being a normal part of humanity that we all share and holding an openness to learning from the participant. Metzner (2015) cautions guides to be ever aware of the potential for their own grandiosity and the over-idealizing of their perceptions of what is meaningful in states of consciousness associated with psychedelic-assisted therapy. As prevention is better than damage control, an open, ongoing discussion among guides on this issue (e.g. during staff meetings) is advisable to build and maintain healthy team functioning.

Appreciation for Human Suffering

- Guides hold an appreciation for “Purgation” and “Dark Night of the Soul” as part of the spiritual journey.
- Guides provides steady compassion during pain (physical and psychological).
- Guides have and appreciation for the limitations of language, and ability to withhold questioning.
- A participant who has a psychedelic experience often describes it as having a quality of ineffability and paradox: beyond words and encompassing truths that otherwise might seem incompatible or opposite. For example, one may have

altered an perception of time, prefer to not talk about, or be unable to describe their experience.

- Likewise, a participant may have difficulty activating their voice to make their speech coherent and intelligible while the psychedelic medicine is in effect.



The Skills of Being a Psychedelic Guide

The guide serves as a steady and supportive presence for the participants. You are invited to bring your uniqueness, your personality, your depth, and your fullness to this creative and meaningful endeavour. Your authenticity and awareness are an integral part of creating a warm and salutary set and setting. Your personal and distinctive signature contributes to this role through your particular gifts, skills, training, attitude, and experience. Your full presence is instrumental during preparatory meetings, on the day the participant ingests the medicine, during the integration follow-up meeting, and beyond the study sessions.

In James Miller's book, *The Art of Being a Healing Presence*, from which much of the following material is derived, we are reminded that as guides, what we bring to the situation as caring and supportive human beings is more important to the outcome of the experience than the techniques we employ. Practicing being fully present provides us with precious insights into ourselves, our motivations, and the sacredness of the relationship we establish with participants, as we journey with them deeply and empathetically into a new experience.

Being present is a skill which you can practice, develop, and further cultivate. The following pages are included to help you grow in your ability to be present through the range of experiences both you and the participant may encounter.



"We connect through listening. A loving silence often has far more power than words"

The guide should facilitate a clear mindset by familiarizing the person with the setting, through developing a trusting relationship, and exploring with them who they are, where they come from, where they currently are in life, how they cope, and what they hope to get from study participation. The guide should become familiar with the participant's intentions, goals, curiosities, their questions, any fears, or worries about their body, their safety, potential behaviours, and their inner psyche. Although the unexpected may arise during session day, pre-emptively uncovering what lies beneath the surface paves the way for a more comfortable, and potentially deeper, experiential session, particularly with any escalating doses. A well-structured session, with a guide that is fully present in a supportive context makes it far more likely that a psychedelic experience will be meaningful, healthy, and life-enhancing.

When you are fully present, you consciously and compassionately share the present moment with another; and you believe in and affirm this person's potential for wholeness, wherever they are in those moments. You are aware of, and in control of, your own ego, identity, personality characteristics, and default reactivity. You hold an unwavering, grounded faith in yourself and the participant. You are open and awake to the process, and trust that whatever unfolds is exactly what is needed at that time for learning, growth, and healing. This does not mean that you will not assist a person in moving through difficulty, but your approach in doing so is one of trusting that any difficulty presented serves a purpose in the participant's process of growth. You care, provide reassurance, and ensure that safety is maintained, but understand that "care-taking" or "fixing" is not needed. You do not take personal responsibility for the experience or outcome of anything or anyone other than yourself and your own

behaviour. You are able to attend to the participant's feelings, without getting caught up in, or overwhelmed by your own. You want to know what is going on inside of them as fully as possible, to understand how they view the world; you are at home with the whole truth of that person, without an intention to change or improve anything, honouring their right to be exactly who they are.

As a guide, you stay alert to each unfolding moment, giving yourself fully to the present instant (right now), and you let go of what was; you choose to not jump to the future (the story of what you think will happen, or what is predicted to occur). It's as simple as this: you are here, now. You witness and trust the uniqueness of the person and situation immediately before you, without projecting and intervening because of what might happen next. Since we are so used to doing many things at once, overfilling our days with activities, and filling our minds with nonstop chatter and to-do lists, staying in the moment—being present NOW—may not be easy, but it is essential in this work.

Presence can be hard to identify because it usually doesn't entail a lot of activity. In being present, we simply accompany the participant as they "get in and through" their experience, while in a state of non-ordinary consciousness. Being present gives permission and ushers in whatever wants to happen on its own accord, trusting in the participant's innate ability to move towards whatever it is they need. We are aware that each person is at a specific point in time, and therefore each psychedelic experience, is unique (even the same person with the same dose). Therefore, we cannot predict where their journey will take them this particular time.

The guide should have explored, accepted, and be open to the experience of the mystical terrain. You provide a starting point, and gently encourage the participant to "relax, breathe, stay with your experience", instead of resisting. You are present, now, with the participant, with focused attention. Thus, the participant is emboldened to engage more deeply in their experience, to accept whatever shows up, and be curious about where their mind is taking them, aware that they are receiving what they need most at that time. Guiding is most akin to simply "*Being With*". This is a quiet, precious, and very powerful gift.

Being present is simple, but not always easy. It requires time, energy, and vigilant awareness (without becoming hypervigilant). The process is not complicated. You keep your eyes open, experience your ordinary senses, and wake up to where you are, right now, taking in all that is around you at this moment. Sometimes you survey the entire panorama, other times you hone in on details. At times, you may close your eyes to deepen a meditative state of awareness, but first pay complete mindful attention to your surroundings and what is happening there. Follow your natural curiosity and stay open to as much as possible: What sounds are present within you and within the environment? Is there movement? What kind? Where? Is there stillness? What is the quality in this movement or lack of movement? Be an observer. What is the rate, effort, and quality of everyone's breathing? Notice what your senses gather and check in with yourself with "what information does this convey" without getting attached or distracted by any one thing.

Recognize your projections and stop yourself from putting them on another. It takes persistence, discipline, and effort to quiet one's mind-chatter. You must use your senses, your intuition, and your whole body in ways you may have not fully developed yet. Staying in the now requires discipline and consistency; most of us need continual reminders. The more you practice being completely present, the more natural it becomes. The more we wake up to what is around us and within us, the more we are apt to remain centered and supportive. This is why it is important to include experiential portions in your guide training, and why guides are required to have a personal practice, such as meditation, and familiarity with altered states of consciousness. It's vitally important for you to maintain time for self-care, and to integrate mindful awareness or meditation practices into your lifestyle.

For some, or at certain times, it may feel natural to maintain presence. However, it does require energy output to tame your mental chatter so you can really hear or resonate with what the other person has to say (with or without their words). You are highly encouraged to incorporate a moving meditation or physical exercise component into your self-care repertoire, to help move and balance your energy, which quiets the mind, and will help you to be more physically comfortable during the psychedelic-assisted session day. You may wish to introduce such modalities to the participant during the preparatory sessions, along with sitting, lying down, or standing meditation, as strategies for self-care, self-awareness, and integration after the psychedelic session(s), or between escalating doses.

Your role as guide does not include desiring a specific outcome for the participant (such as having a transcendent, healing, or fantastic experience), nor being an interventionist, strategist, or therapist. Rather, your main job is more like that of a midwife for the soul, who permits, protects, and ushers in that which wants to happen of its own accord, while the participant is in a non-ordinary state of consciousness, induced by the effects of the psychedelic medicine. Mindful awareness and remaining centered are particularly important to avoid transference and countertransference, (this can be a positive phenomenon as well as negative; it cannot necessarily be consciously "avoided" hence supervision and debriefing are especially important), as shared by The Guild of Guides in *Meeting the Divine Within*:

Remaining centered: The more centered you are as a guide, the more effective you will be. The more you know about yourself and whomever you are guiding, the more likely you are to be able to stay centered and tranquil throughout the session. When you yourself are more comfortable, it will be easier for the voyager to transition from one state of awareness to another. After reviewing hundreds of sessions in different settings, Timothy Leary and Richard Alpert (Ram Dass) concluded, in most situations, that a voyager became distressed when the guide had become unsettled, uncertain or upset. Grounding starts with taking long slow deep breaths and focusing on relaxing the body. How to know if you're remaining centered? Are you able to maintain a relaxed and open posture in your body? Is your breath calm, slow and rhythmic? Are you able to stay visually focused on the participant? Are you able to resist the urge to

engage in conversations with others who might be present? Check in with yourself. Lack of centered presence manifests as fidgeting, closed or tense body postures, indulging in distractions, mental absence, excessive internal dialog, need to engage in normal social activities, or catch up with work, etc. Be aware that as a guide, as participants experience different energies, thoughts, emotions, and somatic experiences, you are likely to feel your own reactions to these changes in your body and mind. Being a guide can mean that you, to some degree, will need to move through these experiences as well, in your own way. Your job is to allow yourself to feel these changes without reacting or letting yourself be drawn into them, pulling you out of being present for the participant.



The Six Core Competencies

In her exploration of the skills required for psychedelic guides, Phelps (2017) outlines 6 competencies:

1) Empathetic Abiding Presence

Current thinking in this field focuses on the qualities of empathy of the guide: an empathetic responsiveness that has been leavened into a cultivated embodiment of a calm, abiding presence during psychedelic therapy. This empathetic, abiding presence is a capacity evidenced in the guide during preparation, the session itself, and integration meetings. The term “abiding” here is purposely used to convey aspects of a witnessing of the mystery of life in action during psychedelic-assisted psychotherapy. Components of empathetic abiding presence range from composure, evenly suspended attention, mindfulness, empathetic listening, “doing by non-doing”, responding to distress with calmness, and equanimity. The goal is to offer a witness from a loving presence.

Empathetic listeners are relaxed but engaged, ask questions and explore without prying. The listener maintains appropriate eye contact and offers reassuring, appropriate touches, if culturally and personally acceptable. Empathetic listeners

may be required to admit that they don't have answers. Important components of empathetic listening and active listening:

- Minimal encouragement, verbal and non-verbal
- Invitation rather than direction
- Paraphrasing
- Reflecting
- Emotional labeling
- Validating
- Reassurance and waiting
- Allowing participants to come to conclusions themselves

One of the attributes which helps guides to develop an empathetic presence is strongly developed interoception (or body sensation awareness) and an ability to self-reflect and understand one's own projections. Self understanding (of both body and mind) helps if the goal is to put one's own personal issues aside and focus on the needs of another.

2) Trust Enhancement

Related to an empathetic abiding presence, the guide is skilled in enhancing trust in three arenas: the participants view of the guide as a trustworthy guide; the participant's trust in their own inner healing capacity; and the ability to reliably normalize for the participant that paradoxical transformations and radically unexpected moments in sessions are to be expected, and thus trusted as part of the process. These aspects of trust-enhancement capacities enable the guide to support the participants' engagement in making meaningful sense of their lives and inner healing processes.

3) Spiritual Intelligence

Guides who are competent in psychedelic-assisted therapy have knowledge and values that can be described as a spiritual intelligence that goes beyond conventional psychological development. In addition to self-awareness, it implies awareness of our relationship to the transcendent, to each other, to the Earth, and to all beings. The ability to calm ones own internal dialogue and relax the body with meditation techniques is important as many hours go by simply watching the participant who is lying motionless. If the guide is distracted the participant, who becomes very sensitive to interpersonal dynamics, will not feel their supportive presence. Spiritual intelligence is always a "work in progress" and spending quiet guiding time wisely helps to develop this attribute.



4) Knowledge

Psychedelic guides should be competent in their knowledge of anatomy and physiology, neurobiology, pharmacology, drug disposition and interactions, and neuropharmacology of psychedelic drugs. Familiarity with clinical narratives on the normative effects of different psychedelic drugs, at varying dosages, in a variety of sets and settings, is highly instructive as well.

5) Guide Self-Awareness and Ethical Integrity

This competency relates to six components of the guide's acumen related to: self-awareness of personal motives for this work; integrity in protecting boundaries with the participants; well-developed capacities for building therapeutic alliances; skills in attachment theories and transference-countertransference analysis; and personal self-care. A core component of this competency is a capacity to wisely reflect on one's motives when conducting psychedelic therapy, while simultaneously working with participants' attachment and transference processes. Understanding one's own strengths and areas of growth is also needed.

6) Proficiency in complementary techniques

The primary components of this competency are skills and knowledge that form a toolbox of complementary therapeutic methods to use in various phases of the therapy. Many types of complementary therapeutic skills are appropriate for the early preparation phase, to bring closure within the psychedelic session itself, or for use during integration sessions. These additional skills and therapeutic methods used by guides include somatic-oriented techniques, such as Holotropic breath work, stress inoculation, therapeutic body work, and touch; techniques of eye-gazing at a mirror or with the guide; felt sensing and focusing; and somatic experiencing and sensorimotor therapies. The complementary techniques will be different for different guides, but all guides on the team should have a basic understanding and support the complementary techniques used by other members.

Trauma resolution skills

Being trauma informed and having skills which help in the resolution of trauma is important as many presenting issues, like depression, anxiety and anger have trauma as the underlying cause. As the participant shares their experiences being able to help them to understand the source of the problem and resolve this issue is an important part of this work.

Physical Touch

Most therapists have been trained to believe that touching a client/participant is inappropriate and demonstrates boundary-crossing. When working with psychedelics, non-sexual touch can be very helpful in the healing process. In fact, it can be problematic if touch is not offered, as this is not responding appropriately to the therapeutic needs of the participant. Body work, hand holding and hugging can be an important part of the therapeutic process when it is welcomed by the participant. Discussing the distinction between sexual and non-sexual/healing touch is important in the preparation sessions. If touch is offered, it is important to slowly offer a hand (for example) and wait to see if the invitation to touch is accepted. Rapid touch without clarity that it is welcomed can be perceived as intrusive.

Eye Contact

Understanding the experience of different types of eye contact is important. Looking someone directly in the eye can invite reflection on the connection between the participant and the guide and this can distract from the process of inner exploration. A “soft gaze” where the guide looks slightly down can be less distracting to the participant and therefore allows for maintenance of the inward focus.

Under specific circumstances consideration of the opposite can also be helpful. Specifically, “eye gazing” or prolonged direct eye contact can offer a participant a strong focus and allow for unconscious material to be projected on the guide. Focused eye gazing can be intense and create an opportunity to go deeper into the understanding of an external relationship (e.g. with a parent, partner or child). The offer to “eye gaze” should be tentative and if accepted the guide should be sensitive to the participants need to end this process.

Body Language

An open body language can express connection and support without distracting from the participant’s internal reflective process. Body language can change depending on what is happening for the participant. This is only relevant if the participant has removed the eyeshades.

Therapeutic Alliance

To create and maintain a safe and collaborative therapeutic alliance with the participant, it is crucial that the guides maintain self-awareness. The guides must be empathically present during the participant's experience, and at the same time, maintain healthy, appropriate boundaries. In so doing, the guides encourage the participant to stay present with her/his own inner experience, and they create a safe environment that fosters a willingness to explore new and unexpected perceptions that may arise during the healing process. The strength of the therapeutic experience depends heavily on the guides' level of comfort with intense emotions, and their skill in remaining empathically present and open to a range of emotional experiences.



As empathic listeners, guides attend to the participant's account of her/his inner experience, the meanings it has for her/him, and any ambivalent thoughts and feelings she/he may have about the experience. The guides keep in mind any intentions for the session that the participant has identified during introductory and preparatory meetings, while also allowing for additional, perhaps unexpected, psychic material to emerge. They also consider individual psychological factors, such as attachment style, that may impact the therapeutic relationship (transference and countertransference) and influence the degree and specific nature of therapeutic intervention that will be best suited to that individual. To maintain the delicate balance between focusing on the inner experience and providing a safe space for exploring this experience in an open-ended way, the guides must respect the Inner Healing Intelligence of the participant's own psyche and body, and skillfully interweave periods of interaction with periods of silent witnessing.

Participants naturally want to get maximum benefit from their sessions, so they often need reminding of the paradox that healing is usually best accomplished by surrendering to the process rather than trying to direct it. They should be reminded that in psychedelic-assisted psychotherapy, important insights and healing often arise through a non-linear process that may shift and resolve in unexpected ways. This process is enhanced by the participant's trust that their Inner Healing Intelligence, in conjunction with the medicine, will bring forth whatever experiences are needed for healing and growth, so anything that arises is viewed as part of the healing process. In this vein, the participant is encouraged to surrender to the process as fully as possible, and not to "get ahead of the medicine" with efforts to direct it. Paradoxically, the guides' roles are often to follow, rather than lead or guide the participant, as she/he explores new and unexpected perceptions and realizations. At other times, it may be helpful for the guides to remind the participant that facing painful experiences is actually a path toward healing.

The guide may provide verbal reassurance, when needed, and nurturing touch, if requested, when the participant faces upsetting, potentially overwhelming thoughts, memories, or feelings. However, care should be taken not to interrupt the participant's process unnecessarily, or to convey a lack of trust in the participant's own inner healing ability. The guides should track their own emotional reactions and refrain from intervening in response to their own needs. The guides' ability to be present without needing to intervene, other than perhaps with a gentle reminder of their presence, can convey a strong message of compassionate support and trust in the healing process.

Should a Guide Take a Psychedelic at the Same Time as the Participant?

There are different opinions on the question regarding whether the guide should take a psychedelic at the same time as the participant. While there is no right answer to this question, consideration of the advantages and disadvantages is important. It is common (but not universal) in indigenous traditions that the guide takes psychedelic medicine at the same time as the participant. Guides often take a much lower dose so they "have a foot in both worlds" and can therefore function well in "normal" space. Some guides observe that joining the client in this space enhances connection and rapport.

The standard of practice in the research community is that the guide never participates in the psychedelic experience with the participant. Researchers observe that the guide often has to go back to their family at the end of the day and their functioning at home could be impaired. If they are guiding frequently, taking a substance almost daily may have health or psychological consequences. Research is often informed by western medical practice and the standard of behaviour is that the physician does not take the medicine they are offering to the patient.

Should the Guide Have Personal Experiences with Psychedelics

Both the research community and indigenous communities agree that a guide who has never experienced a psychedelic will lack the ability to understand and therefore empathize and have rapport with participants. However, guides should be mindful not to project their own experiences or expectations on the participant.

Preparation Sessions

The goal of the preparation process is to screen, share information, clarify intent, establish an agreement on the process, document informed consent and build a connection (of trust and safety) between the guide and the participant. The guide and participant should meet as often as needed during the preparation process to achieve all of these goals. Two to four meetings (one to two hours each) are commonly needed for this process.

Screening

Psychedelic experiences are not for everyone and to avoid doing harm (to both the participant and the guide), skillful screening based on good information is important. The following factors (exclusion criteria) should be considered in the screening process:

- 1) Age - the participant should be legally an adult.
- 2) A stable life (including housing) is important as too much external stress can result in a lack of ability to reflect on one's internal process.
- 3) If female – not be pregnant or breast feeding.
- 4) The presence of any disabling medical condition including but not limited to cardiovascular disease / hypertension.
- 5) The presence of any disabling, unstable or acute mental illness or addictions-related condition (e.g. active alcohol withdrawal).
- 6) Active diagnosis or history of any serious psychiatric disorders such as bipolar disorder, schizophrenia/psychotic disorders, and personality disorders as these individuals are at a higher risk of protracted destabilization. The guide should be vigilant specifically for borderline and narcissistic personality disorders as they are hard to diagnose. The Maclean Screening Instrument for Borderline Personality Disorder is easily available. A score of 7 or more is diagnostic. Similarly, there should not be an active or historical diagnosis of neurological disorders such as stroke, epilepsy or serious brain injury to minimize the risk of adverse events (e.g. inducing a seizure). Patients with moderate/advanced dementia are not capable of giving informed consent.
- 7) Due to the theoretical risk of serotonin syndrome, current use of tricyclic antidepressants, serotonin-reuptake inhibitors (most standard antidepressants), MAOIs, and St. John's Wort should be avoided. Individuals on mood stabilizers (e.g. lithium, valproic acid), or antipsychotic medications (e.g. haloperidol, risperidone) imply a diagnosis of a serious mental illness and thus should be considered with caution, as per #6.
- 8) Current suicidal or homicidal ideation.
- 9) Anger management problems.
- 10) Parents with any psychotic or bipolar disorders, due to the increased risk of a "vulnerable brain" to an underlying psychiatric disorder via genetic/family history.
- 11) Couple's conflict should be approached with caution. If a couple is treated and one person decides to leave the couple, there is the risk that the guide may be blamed.
- 12) Ability to self-reflect and take responsibility is an issue. Participants who have difficulty both reflecting on their emotions, belief systems etc. and taking responsibility for their actions make the process of healing more challenging for both the subject and the guide.
- 13) A potential participant who has difficulty listening to the guide and taking in information during the preparatory session will probably have difficulty listening

during the session. Also be aware of potential participants who have a strong attachment to their “story”. Those who believe they know all their issues and know what they need to work on tend to lead to difficult sessions. Being “humbled by the medicine” is part of the road to healing and growth.

Challenging Situations as a Result of Poor Screening

Some of the most challenging situations reported by psychedelic psychotherapists are a consequence of inadequate screening: Examples are:

- Offering this services to one or two members of a couple and one of the participants in the couple decides to leave and the other is angry at the guide who is blamed for the separation.
- Individuals with undiagnosed personality disorders who request help then become very angry with the guide when they are not “cured”. One indicator of borderline personality disorder is a high level of desperation. This is often associated with an unwillingness to follow through on home-work assignments especially ones which require self-reflection.
- Significant cardiovascular events during an ibogaine session and subsequent ambulance and hospital experiences.

Information Sharing and Clarification of Intent and Process

The following should be considered during the preparation process, which will take a few sessions:

- 1) Clarify the participant’s intentions – be specific. Part of this process is to assess the degree to which the participant is committed to the experience and will do the necessary work to maximize the chance of a positive outcome. Sometimes putting intentions in writing helps to clarify.
- 2) If the therapy room / group space is available, showing this room to the participant in advance may reduce potential anxiety of the unknown.
- 3) Describe the guiding process – as a process of support for the participant’s Inner Healing Intelligence, with a non-directive approach. The participant will be informed that she/he will be encouraged to “stay internal” as much as possible. This means they will spend the session lying down, with eyeshades on, and listening to music with headphones. The music is carefully chosen to assist the participant to relax and stay focused on the journey of healing. Conversation is possible but not encouraged. More conversation happens with the empathogens (e.g. MDMA, 3-MMC) and less conversation is appropriate with the classic psychedelics (e.g. LSD, psilocybin). There are many reasons for minimal or no conversation during the majority of the experience. One reason is that verbal communication comes from a place of ego and personal identity (language inherently implies

subject/object duality and separation), and the goal in this work is to allow the space for nondual experience. Also therapists – who really want to do therapy – can be disempowering of the participants inner healing intelligence.

- 4) Discuss the rule of “no sexual touching”. Any sexual behaviour between guides and participant is strictly prohibited. This agreement assures neither the participant nor the guide will be exploited, while simultaneously fostering a safe environment for offering physical comfort/healing during the treatment session.
- 5) Discuss the possibility of consensual physical contact with the participant in the form of nurturing touch or focused bodywork. The guide and participant should negotiate a comfortable physical distance with each other during the psychedelic-assisted sessions, and the guides should remain attentive to any possible changes in the participant’s comfort level with their degree of proximity. Also discuss the process of soft gaze or prolonged eye contact and inform the participant that they will have choices in how eye contact is used (see above for more details).
- 6) Discuss the rule of “don’t leave the space”. The participant must understand the importance of, and agree that she/he will remain within the treatment area until completion of each session. At the end of the session it is the responsibility of the guide to assess the participant’s emotional stability and the degree to which the medicine effects have subsided before permitting the participant to leave.
- 7) Discuss the rule of “no harm is done”. The participant must agree to refrain from self-harm, harm to others, and harm to property. The participant agrees that she/he will comply with the guide’s request to stop if, in the judgment of the guide, the participant is engaged in any behaviour that is dangerous to themselves, others, or the space. The participant agrees that she/he will comply with the guide’s requests even if it does not seem as though it is in their best interests while in their altered state.
- 8) If there are two guides, at least one of the guides is present in the room at all times throughout the entire psychedelic-assisted session. Except for occasional brief periods in which one guide at a time may leave the room, both guides commit to remain in the room with the participant throughout the duration of the psychedelic-assisted sessions until the acute emotional and physical effects of the medicine have worn off.
- 9) The participant is encouraged to create a “personal altar” where pictures of family, friends, meaningful or spiritual objects, and/or art are placed on a table beside the bed/couch. Discuss with the participant what specifically they would like to bring to the session. Other than the altar, refrain from engaging the participant in changing the room (e.g. furniture location, etc) as guides should encourage participants to let go and not try to control anything. Focusing on the objects in the room can be a distraction to the inner work which is required.

- 10) The participant is encouraged to arrive at the experiential session with a relatively empty stomach. A very light breakfast (fruit, yogurt) is desirable. Dietary restrictions for a few days prior to the session may be recommended with the goal of reducing bowel motility during the session. Suggest that the participant wear comfortable loose fitting clothing to the experience with no make-up (which can get messy) or scent / perfume (which can be offensive or allergenic to some).
- 11) Instruct the participant in a relaxation technique and practice this with them and ask them to practice this at home for at least 10 minutes a day. The suggested relaxation technique is:
 - a) start by taking long slow deep breaths for 1-2 minutes
 - b) focus on how this promotes general relaxation
 - c) breathe relaxation into specific muscles
 - d) be mindful of the sensations of breathing
 - e) repeat the word “relax” or “peace” on the out breath
- 12) Discuss the importance of integration work after the experience. Revelations often occur during psychedelic-assisted experiences but if they are not manifested in subsequent life / behaviour change, then this opportunity is lost. Discuss the importance of having someone who will support this integration. This can be a private therapist, close family member, etc. If the participant believes that the experience alone will “fix” them, assure them that this is extremely unlikely and encourage the participant to consider the experience as one step in a long journey.
- 13) Discuss the process of confidentiality and how this works for both the guide and participant.
- 14) Discuss the process of documentation. What information is kept (in what format) and when and how this is destroyed and who has access to this information.
- 15) Suggest that the participant not make any massive life changes (asking for a divorce, quitting a job) for a few days after the experience. Wait until the integration process is solidified before acting on any big life changes.
- 16) Discuss the issue of emotional expression. Let the participant know that intense emotional expressions are welcomed if it feels right for them. Discuss in advance safe ways of expressing feelings (e.g. screaming is fine, screaming into a pillow is quieter, breaking things or hurting people is not part of the process).
- 17) Discuss the fact that psychedelic psychotherapy is NOT couples counselling. While sharing psychedelic space with a loving partner can help with bonding and resolving issues this is not the agenda with individual sessions. Be aware that when individuals who have been through a psychedelic experience often make big life changes during

the integration phase and this can include ending a relationship. The impacts of this should be discussed in advance.

- 18) Discuss the importance of not having access to phones, computers etc. All electronic devices should be left at home or turned off for the duration of the session.
- 19) Discuss how the participant is going to go home after the session. Driving themselves is not an option which should be considered. A car accident after the most spiritual or meaningful experience of one's life makes subsequent integration challenging.
- 20) Payment options for the service is discussed and agreed to.
- 21) Introduce the following concepts.
 - Taking a psychedelic medicine is like being on a canoe journey on a river. Your guide will always be with you, but you are the one rowing in the river of self-exploration. See appendix A.
 - You are not alone. A guide will be with you at all times. Your environment will be safe and you will get all the support you need.
 - The medicine will open up a world of possibilities for you. Using focus and attention, you have the power to choose which parts of your experience you want to explore.
 - Go with the flow of the session. If you find yourself having a hard time, remember that the degree of suffering is often equal to the degree of resistance. Trust the process and let go.
 - If you find yourself feeling fear, be curious about what is bringing this up - the fear is in you. It is better to face it and explore it than to keep avoiding fear.
 - Maintain awareness of what is going on in your body and be curious about areas of sensation or pain.
 - When you find yourself experiencing turbulence, anxiety or getting over activated, use the relaxation technique that you have been practicing. The best way to approach this work is with stillness and focus, much like a meditation practice.
 - Pay more attention to how you feel than what you think. Be wary of "story" or what you think you know.
 - Above all elicit and maintain gratitude. Trust the medicine, trust the process, and trust your own Internal Healer.

Dosage

While there is limited consensus on appropriate dosage in the community of individuals who are involved with this work some observations are appropriate.

- An analysis of historical research in the 50's and 60's appears to indicate that 200-300 micrograms of LSD was an appropriate first dose. Significant ego disorientation can occur above this dosage.
- Current research with psilocybin commonly uses 20-30 milligrams of pure psilocybin which is approximately the equivalent of 4-5 grams of dried Cubensis mushrooms.
- 80-125 milligrams of MDMA have been shown to be effective in current PTSD treatment research.
- 200-300 milligrams of 3-MMC is seen as being effective by some current therapists
- 5-10 milligrams of smoked freebase 5-MeO-DMT is the range used by some therapists.

The above information is not intended to offer recommendations for specific dosages, as this decision should be made in consultation with current information sources (e.g. the website - Erowid) jointly with the participant.

Informed Consent Process

Informed consent is a process where potential participants are given full information regarding all the potential risks and benefits of participating in the psychedelic experience, have their questions answered and then voluntarily sign the informed consent form which details a specific list of all the areas covered by this agreement.

The Areas Covered by the Informed Consent Form

The participant.....

- agrees to participate in a guided psychedelic experience
- understands the risks and benefits involved
- agrees to participate in the process which has been discussed (e.g. stay in the space during the day of experience)
- agrees to participate in the integration process after the experience
- understands the importance of confidentiality
- understands the process of information / documentation collection and destruction
- agrees to the payment amount and process

Confidentiality

How information is collected, protected, shared and destroyed should be discussed. This includes protecting the identity of all involved including other participants if any of the process occurs in a group setting. This discussion should include:

- How is information collected including all forms, case notes and recordings?
- What is the format of this information (e.g. paper, electronic)?

- Where is this information kept (e.g. personal computer, the cloud, locked filing cabinet)?
- How is this information protected (locks, passwords, encryptions)?
- How long will it be kept?
- How will information be destroyed?
- Who else will have access to this information and what are the circumstances that result in sharing this information?
- What is the expectation of the participant to keep confidentiality?
- What kind of information is shared in emails and social media?

Guiding the Session

Number of Guides

There should ideally be two guides (a male and a female) present for all psychedelic treatment sessions. This allows for the participant to project different internal material (e.g. past issues with mother and father) on each guide. Two guides also maximizes the growth of the team as their skills evolve as a result of the end of session debrief. There is also the issue of safety, both for the guides as well as the participant.

It is of note that the original male + female co-therapist model is being questioned by some members of the community to incorporate non-binary, transgendered and other non-traditional members as part of the healing team. The goal is to match the needs and preferences of the participant.

If two guides are not realistically possible and there is just one guide, then discuss how projection works. Projection is commonly part of the process as the participant projects both male and female issues / relationships on the single guide. Let the participant know that the guides gender should not get in the way of their varied projection process.

Items Which Should be Available

- Sheets (and spare sheets)
- Warm blankets
- Weighted blanket – can feel safe and comforting
- Pillows
- Wet wipes, towels, gloves
- Bucket or solid plastic garbage can
- Spare – one size fits all – clean clothes
- Music system with includes both headphones and speakers
- Eyeshades
- Spiritual cards
- Singing bowl or gong (which can be used to signify change)

- Juice and fruit
- Water
- Fresh flowers (a rose is traditional)
- Light snack for after the session
- Art supplies
- Pen and paper
- A small table for the personal altar
- Teddy bear

Music

Music selections are appropriate for the experience of those who are participating in a psychedelic experience. A number of multi-hour playlists should be prepared, providing semi-standardized music sets. The sets can be a progression from music that is relaxing at first, then in succession more active and more emotionally evocative, and then later quieter and more meditative. The playlist can be changed as needed to fit the general mood and flow of the session. It is important for at least one of the therapy team members to be



very familiar with the music, so that its effect can be maximized in supporting each individual's process. Participants should be told to generally just let the music "wash over them" (with the process described as a "sound bath of healing"), and to recognize that the music keeps changing. They are also welcome to ask for periods of silence or for a change in music if a piece of music is distracting or doesn't fit well with their process. However, they should be discouraged from devoting ongoing attention to managing the music.

Some participants may want to bring in their own music for the guide to incorporate during psychedelic-assisted sessions. While generally this should be discouraged, in certain circumstances this may be appropriate. It is important to consider the reasons for the request, to ensure that it is serving to support and deepen the process, rather than an attempt to control the process or to distract from feelings or other experiences that may be emerging. While some degree of flexibility about responding to this kind of request is desirable, in general the therapy teams should minimize participant involvement in music selection, because it may be a distraction from engagement with their inner process. Participants are encouraged to ask for anything they need to help

them feel safe and supported in the therapeutic setting; however, this should be balanced with encouraging participants to allow the therapy team to attend to the physical details of the session and, as much as possible, to trust them to provide a safe and salutary set and setting. This is part of supporting an attitude of surrender, trust and receptivity to the natural unfolding of the therapeutic process, guided by the Inner Healing Intelligence. Participants should be encouraged to notice any tendency they may have to want to control the music or other aspects of the setting, and to consider exploring this tendency as part of their inner process, rather than to act on it externally.

Music which is easily associated with a specific religious or spiritual tradition is discouraged as this can create attachments and projections. Therefore, it is preferable to exclude ayahuasca icaros, Buddhist chants, and Hindu and Christian songs. Also songs with no recognizable lyrics are preferable as identifiable words can be distracting.

As the Participant Arrives for the Session

When the participant arrives, welcome them and have a quick “check in” to ensure that none of the screening issues are apparent. Intoxication on other substances should be considered and, if present, do not continue with the experience. Ask about recent food consumption, as lots of food in the stomach can slow the process and create a “vomiting problem”. Invite the participant to use the washroom as “starting on empty” is helpful to avoid a future distraction.

Beginning of the Session – Treatment Room

The following topics should be covered before the participant ingests the medicine, and after the participant is comfortably sitting up on the bed. While all of the following topics should have been discussed in detail during the previous preparatory sessions, it is important to discuss these points again at the beginning of the treatment session. Asking for the participants understanding of each of these issues is preferable. Simply stating the issue is less likely to ensure the participants understanding and agreement.

- 1) Ask the participant about their intentions for this specific session but be aware that the response may come from a place of “story” and ego. If a discussion ensues, then promote the intention of relaxing, staying present, allowing feelings and expressions. The unstructured goal of authentically paying attention and remaining open to all experiences is helpful.
- 2) Ask about their understanding of the rule of “no sexual touching”. Any sexual behaviour between the guides and the participant is unethical and explicitly prohibited. This agreement assures the participant that her/his heightened vulnerability will not be exploited, while simultaneously fostering a safe environment for offering any physical comfort during the treatment session.

- 3) Ask about their understanding of the possibility of physical contact with the participant in the form of nurturing touch or focused bodywork. The guide and participant should negotiate a comfortable physical distance with each other during the experiential sessions, and the guide should remain attentive to any possible changes in the participant's comfort level with their degree of physical proximity.
- 4) Ask about their understanding of the rule of "don't leave the space". The participant must agree that she/he will remain within the treatment area until completion of each session. At the end of the session, it is the responsibility of the therapy team to assess the participant's emotional stability, and the degree to which the psychedelic medication's effects have subsided, before permitting the participant to leave.
- 5) Ask about their understanding of the rule "no harm is done". The participant must agree to refrain from self-harm, harm to others, and/or harm to property. The participant must agree that she/he will comply with the guides' request to stop if, in the judgement of the guide, the participant is engaged in any behaviour that is dangerous to themselves, to others, or to the space.
- 6) Mention that at least one of the members of the therapy team will be present in the room at all times throughout the entire treatment session. Other than occasional brief periods where one guide at a time may leave the room (e.g. bathroom breaks), both therapy team members commit to remaining in the room with the participant throughout the duration of the treatment session, until the acute emotional and physical effects have worn off. If there is one guide for the treatment session, the fact that this person may need to be briefly absent (e.g. bathroom breaks), should be discussed.
- 7) Discuss the "bathroom process" (see details below).
- 8) Inform the participant that the goal is to "stay internal" as much as possible. This means they are encouraged to spend the session lying down, with eyeshades on, listening to music through headphones. While they will be encouraged to "stay internal", the participant may elect to take the eyeshades and/or headphones off at any time. The participant also has the option to request periods of silence, and the guides have the option to make adjustments in the musical program to fit the unfolding experience. Guides should aim to use music to support the experience without being intrusive.
- 9) Encourage the participant to create a "personal altar", where pictures of family, friends, meaningful or spiritual objects, or works of art are placed on a table beside the bed.
- 10) Participants can be encouraged to give themselves permission to express themselves vocally during the session outside the constraints of normal linguistic conventions: laughing, crying, toning, glossolalia, etc., with the understanding that

they are free to express themselves without the need to communicate anything specific via language. This can assist in the exploration of energetic states and experiences without the need to “explain” or “describe” anything to anyone in the moment of the experience.

- 11) Introduce the analogy of the canyon river canoe trip – see suggested full text – appendix A.
- 12) Explain the next steps:
 - A. The participant will take the medicine
 - B. guide will offer a guided meditation and breathing exercise
 - C. The therapy team will become silent and the music will guide the experience.
- 13) Give the medicine; the previously agreed upon dose of medication is ingested by the participant.
- 14) Offer a guided relaxation experience. Specifically, ask the participant if they would like to experience a guided meditation to help in the process of relaxing, and if the response is “yes”, then a guide talks slowly and peacefully with a guided meditation. See example in appendix B.
- 16) Ask the participant to put the headphones and eyeshades on, and then start the music playlist.

Dealing with Specific Behaviours

Talking During the Beginning and Middle of the Session

Generally, during the “ascent stage” and “peak stage”, the participant is encouraged to “stay internal” and lie down with the eyeshades and headphones. However, if the participant insists on talking, then the goal of the guiding team is to offer empathetic presence and listening, non-directive communication, and support for the participant’s Inner Healing Intelligence. Empathic presence includes providing a non-judgmental environment, which offers psychological permission to talk openly and honestly. It requires listening beneath and beyond the spoken words for deeper meanings, acknowledging the other’s suffering, and validating the participant’s feelings. The communication goal during the beginning and middle of the session is to provide minimalist responses, which communicate an empathic presence and therefore allows the participant to experience connection to the guides.

Moving Around the Room

While the goal is to encourage the participant to “stay internal” and lying down, if the participant insists on moving around the room a guide can draw their attention to various parts of the room that are inspirational or beautiful. For example, a guide can offer a flower or a deck of “animal spirit” cards, and allow the participant to reflect on the meaning of the drawn card.

Moving Unpredictably

Be ready to move a pillow quickly to protect a participant’s head (or other body part) from any hard surfaces if the participant’s moves are unpredictable and could result in an injury. When working with a fast-acting and dramatically powerful medicine, such as 5-MeO-DMT, for example, if participants will be lying down on a bed or mattress for the session, it is best to have the participant situate themselves on the bed and try lying down before consumption. Then, once the medicine has been consumed, the participant can lie back, trusting that they will not hit their head or need to situate themselves. This allows for full surrender to the experience without last-moment concerns for physical safety.

Asking the Guide Personal Questions

If the guide is asked personal questions, the goal is to demonstrate personal integrity and give an honest answer, but not to let the personal material of the guide intrude on the experience of the participant. For example, if asked “why do you do this work”? One answer that would be appropriate would be “I have found altered states of consciousness to be very helpful in my own life and I am honoured to have the opportunity to support others’ deep healing journeys – I am fascinated by the experience of being human and I get to celebrate all of the human experience during these sessions – thank you for trusting me to guide you”, or “today is about you and your experience, we can talk more about me and my experiences later”. Before responding to personal questions, it is helpful to consider whether the self-disclosure relates to the participant’s experience and helps them connect to the guide. Integrity with minimum self-disclosure is the goal.

Becoming Increasingly Anxious and Agitated

The best response to a participant’s anxiety is to first demonstrate a calm, compassionate presence. Holding the participant’s hand, and offering gentle statements such as the following can be useful: “trust the medicine” or “trust your own Internal Healer to show you what you need to see” or “breathing long slow deep breaths” or “everything is alright” or “you’re doing great, this is all part of the process”. Sometimes body work, where you encourage the participant to move from the bed to

the carpet on the floor and offer pressure point massage, is a way of refocusing the participant. Generally, anxiety is not a “bad” experience and the goal is to support the participant to stay with the experience until their Inner Healing Intelligence changes the experience. Sometimes it is appropriate to assist the participant to change the focus, and changing the music is a good way to refocus. Only in extremely rare circumstances, and as a very last resort when safety is an issue, the participant may be offered a medication (i.e., a benzodiazepine), to help them relax, when deemed appropriate by the guide or attending physician, if applicable.

If the Participant is Extremely Emotional

A calm, compassionate presence is the preferred therapeutic modality, and this helps participants to manage their own anxiety. While this is true, intense emotional responses are not uncommon in psychedelic healing experiences in response to the participant’s internal turbulence/trauma. The main goal for the guide is to stay calm and focused and to maintain a compassionate presence, understanding that the participant’s Inner Healing Intelligence is guiding this intense emotional release, and that this is an important part of the participant’s healing journey. If this process is a triggering experience for the guide, it will be important to discuss this at the post-session debrief. Participants, generally, are very “in tune” with guides’ emotions and the need for the guides to stay calm in the presence of emotional turbulence is paramount. The overall approach is to contain not restrain.

Trying to Leave the Space

Have a repetitive statement memorized, which the guide repeats as many times as is necessary so that the participant stays in the appropriate space. For example: “I understand that you want to leave, but this room is a safe space and we are both going to stay here and deal with this experience together” or “I understand you feel afraid, and together we will deal with this, and together we are going to stay in this room where it is safe”. A planned distraction can be helpful, for example, “I would like to show you something”, and pull out a deck of spiritual cards or change the music to create a different environment.

Going to the Bathroom

The participant may be unsteady on their feet and may need help walking to the bathroom. The guide should offer their arm for the participant to hold as they walk to the bathroom. Another alternative is the participant can rest their hands on the guide’s shoulders and they both walk – facing the same direction – with the participant “in tow”. As the participant goes inside, the guide then closes the door behind them and states that they will wait outside for them and will be there to assist them back to the treatment room when they are finished. The guide should be able to access the washroom (by way of opening the locked door or suggesting the participant not lock the door) in the event of a concern and should, if necessary, strongly inform the participant that it is time to return to the experience room.

Vomiting

Some participants will vomit during the psychedelic experience (especially on Ayahuasca or those who are experienced with Ayahuasca). Having a bucket (or empty plastic trash can) available is important. Being supportive without encouraging or discouraging the purge process is the goal. Having clean towels, gloves (etc.) to quickly clean up the participant or the bed are important.

Urine or Bowel Release

Bladder and bowel accidents are more common with Ayahuasca but can happen with any psychedelic medicine. Having the following available is useful: accident proof bed cover, wet wipes, towels, gloves and garbage bags (to control odor). Some “one size fits all” clothes can also be useful if the participant’s clothes get soiled. Discussing how to handle this rare and unpleasant possibility in advance can be helpful.

Fire Alarm or Earthquake

In the event of an alarm or an emergency where the participant and guides are required to leave the space, the goal is to weave this experience into the overall process. The process is for both guides to escort the participant out of the building, while minimizing contact with other people, and then finding a space that is as quiet and natural as possible. Walking to a local park and focusing on the beautiful environment is the ideal response.

Cuddling

Occasionally cuddling a participant may be appropriate. There are a number of reasons for this, including helping participants who are reworking a childhood parental bonding deficit. Offering this experience without any sexual implications is important. Cuddling with the participants back to the guides front – lying side by side or partially sitting up are two options. A third option is for the participant to be lying on the bed facing up and the guide to have their knees on the floor and offering a “torso only” hug.

During the Last Part of the Session

As the medicine subsides, in the last two hours of a session, the participant may want to talk, and instead of continuing to encourage the participant to “stay internal”, allow for a discussion that is empathetic and “non-directive”.

The essence of what is meant by “non-directive” rests in the timing of interventions. It is not a prohibition against more active engagement under appropriate circumstances. In

fact, there are occasions when failure to offer guidance in a sensitive way would be problematic, just as being overly directive is problematic. What is essential is that the pace of the session allows for the participant's own process to unfold spontaneously; that the guides allow ample time for this unfolding before offering direction. For example, if a participant is feeling stuck, the initial approach should be to encourage them to feel this experience, trusting that the Inner Healing Intelligence will guide the response. When the guide offers direction, it should be done in the spirit of compassionate, collaborative inquiry and invitation, leaving the choice up to the individual. Offering direction at specific times, within the context of a session that has allowed and encouraged the participant's Inner Healing Intelligence to take the overall lead, and has respected the participant's choices about whether to follow directions that are suggested, is entirely compatible with the definition of a non-directive approach.

Non-directive communication also uses invitation rather than direction. For example:

- "We encourage you to ..."
- "This might be a good time to ..."
- Instead of "breathe" (which is a directive statement) say "breathing" as this is suggestive and tracks the participants experience.
- Reflecting back to the participant what they are saying in order to continue conversation without being directive.
- Working with the participant's Inner Healing Intelligence to resolve the expression of painful feelings
- "We're right here with you, use your breath, and stay with it as much as you can. We know this is difficult, but we also know from experience that this is an important part of the healing. Fully experiencing and expressing this, moving through it instead of away from it is the way to really heal it".

With a combination of empathetic listening, questions, and observations, the guides facilitate two complementary aspects of processing these challenging experiences: on the one hand facing, and even amplifying, the experience in order to allow the spontaneous unfolding of the healing process, and on the other hand, clarifying, understanding, and gaining new perspectives about past experiences and painful emotions.

Bringing Resolution to Turbulence at the Ending of a Session

When a participant's emotional distress persists toward the end of the session, and they are not able to process and spontaneously move through something difficult, the following steps may be helpful. In most cases, these steps should be taken sequentially, proceeding to the next step only if necessary:

1. Ask: “What are you aware of in your body”? This question helps the participant become conscious of the link between distressing emotions and any somatic manifestations. Making this link and making the suggestion to “breathe into that area and allow your experience to unfold” may be the only intervention that is needed. Applying “therapeutic touch”, or a light pressure from the guide’s hand to the area of pain, can help resolve the issue.
2. Encourage the participant to “use your breath to help you stay as present as you can with this experience. Go inside to allow your Inner Healing Intelligence to work with this”. If the participant is still under the influence of the medicine, add: “the medicine will help that happen”.
3. If the participant is quite agitated (anxious affect, moving on the bed, opening eyes), it may be helpful to hold her/his hand, or to put a hand gently on the participant’s arm, chest or back, or on an area where she/he is experiencing pain, tension or other physical symptoms. This nurturing touch can be reassuring and help refocus attention on inner experience, but should only be done with the participant’s permission. Applying “therapeutic touch” or a light pressure from the guide’s hand to the area of pain can help resolve the issue.
4. Ask: “Is there any content (specific images, memories, or thoughts) coming up with these feelings”? If so, the guides may encourage further discussion. The opportunity to put the experience into words may in itself be therapeutic, especially in this safe setting. This juncture may also be an opening for the guides to help the participant explore connections between current symptoms and past traumatic experiences, as well as an opportunity to begin putting these experiences into perspective in her/his current life.
5. After this period of talking, and periodically throughout the session, encourage the participant to “go back inside”, to focus on her/his own inner experience.
6. If the participant continues to express or exhibit emotional distress or somatic tension or pain, bodywork of a more focused nature, or another complementary technique may be indicated, according to the guides’ training and experience in this area.

Concluding the Session



As the session is drawing to a close, ask the participant if they would be willing to reflect on their initial intention and any conclusions they have reflecting back on the experience. The goals are to clarify and solidify the lessons that have been learned.

It can be useful in the integration process to ask the participant to write a paragraph about the experience, and give them the choice to do this now, or at home that evening to be returned the next day during the day after integration session.

Post-Session Debrief

As the guides often work in pairs, they have a responsibility to actively work on their relationship with each other. This is important because an easy flow of information will maximize the learning for both guides, and more importantly, any unresolved relationship conflicts between the guides will probably be perceived by the participant and will distract from the effectiveness of the session. Therefore, guiding partners need to work in advance to discuss how they will debrief the sessions (e.g. always talking about the balance of their two voices, any perceived interruptions by one guide over the other, anything triggering, and countertransference issues). Debriefing the debrief is also important – the question “how was this process for you” is important in order to keep communication open.

Behaviours to Avoid

A skillful guide will never:

- Tell a participant who they are
- Insist on asking questions
- Believe their insights and guidance are more useful than the participant’s own Inner Healing Intelligence
- Believe that it is useful to “help dissolve the participant’s ego”
- Be intrusive to the participant’s process because they know better
- Touch in a way that is not welcomed by the participant
- Interrupt the other guide
- Dominate the session
- Demonstrate unclear professional or personal boundaries
- Leave a participant before the participant feels ready to end the session

Offer What You Have

Humbly make available what you have to offer, realizing it is up to the participant to accept it or not. Offer presence, loving acceptance, empathy, dependability, and your willingness to follow their lead. It is important to understand psychedelics sufficiently so that you can confidently provide clear answers to their questions.

Integration

Sometimes participants feel more anxiety, confusion and disorientation for a period of time after an intense psychedelic experience. Generally, this is not a long-term concern

if this is managed skillfully. The integration process starts the day after the experience and can continue for as many sessions as needed to facilitate the integration process. If the guide is also a therapist, all of their specific therapeutic techniques are appropriate during the integration stage as long as the inner healing intelligence of the participant is also continually engaged.

The Goals of the Integration Process are:

- 1) To reduce negative experiences/feelings after the psychedelic experience.
- 2) To work on the insights gained during the experience.
- 3) Maintain a positive connection with the guide.
- 4) To enhance (and build new) connections with others who are supportive of healthy emotional and behaviour changes.

The Initial Process of Integration:

- 1) Start with the general question of “how are you doing”?
- 2) Ask about the positive and challenging aspects of the treatment session.
- 3) Discuss the participant’s intentions (which were discussed in the preparation process).
- 4) Ask about the home environment or significant social contacts after the experience. Interactions with others (e.g. partner, family or friends) who are not supportive can be problematic to the process of integration and reflecting on these conversations from a healing perspective can be useful.
- 5) If the participant reports increased anxiety, distress or disorientation, explain that this is common and a natural part of the healing process. Perhaps use the analogy of the bruise and swelling which occur with physical trauma, which are both painful and distressing, but part of the natural cycle of healing that inevitably occurs. Explain that the process for dealing with this is to focus on the basics such as: good diet, gentle exercise, talking about underlying issues with a counsellor or close friend, good sleep hygiene, avoiding alcohol/caffeine/non-prescription drugs, and social support.
- 6) Do a detailed examination of “lessons learned” from the treatment experience.
- 7) Ask about the plan for integration and acting on the insights.
- 8) Discuss how the real work is just beginning and “lessons learned” are quickly unlearned if we do not work hard at changing our thoughts / behaviours / feelings / relationships. During the psychedelic experience, one becomes aware of the (often unhealthy) unconscious tape loops which can drive seemingly automatic behaviour patterns and emotions. The challenge of integration is to form new, healthy unconscious tape loops and then mindfully choose to act from these new tape loops. The old tape loops will not quickly and completely disappear but need to be slowly allowed to become dormant as the new tape loops are strengthened. Unconscious tape loops are like biceps – the more you exercise them the stronger they get. Integration is all about building and repeatedly excising healthy internal processes. Changing behaviours which are driven by unconscious tape loops is

often uncomfortable at first and support and understanding is needed to persist in walking this path of healing.

- 9) Discuss how the participant can improve existing relationships with family, friends and community and build new connections which support the positive emotional and behavioural changes that are being processed.
- 10) Ask for feedback to help improve the guiding process in the future:
 - How was the session guide?
 - How was the room / music / space?
 - Did you feel safe?
 - Was the preparation adequate?
 - Can you offer any feedback to help improve the experience in the future?

Integration Over Time

The process of integration can be short or may take many years. The goal is to make the needed psychological, social, emotional, environmental or physical changes that are needed to improve the quality of the participant's life. The psychedelic guide may be the person who supports this process or it could be an external therapist, counsellor, friend or family member. The main message is that psychedelics by themselves are not a cure, but these carefully structured experiences can result in profound insights which then need to be acted on to make long-term changes.

Code of Ethics

Each experience involving psychedelics is unique and carries a degree of mystery and also carries some risk. Both the participant and guides take on special responsibilities as they cultivate a unique relationship. To manage these risks, the following code of ethics offers clarity:

Integrity:

Guides shall strive to be aware of how their own belief systems, values, needs, and limitations affect their work, and seek counsel from other guides or a supervisor when experiencing conflict regarding these aspects of their identity.

Competence:

Guides participate only when they are qualified through personal experience, training, and education. This includes thorough knowledge of the set and setting, and the unique effects of each psychedelic substance. They should demonstrate skillfulness in the non-directive therapeutic approach and principles of a psychedelic guiding while maintaining vigilant awareness of the participant's needs.

Health and Safety:

Guides shall make reasonable preparations to protect and promote each participant's health and safety, while maintaining their own health and safety. This includes recognizing that there may be periods in which the participant may be sensitive or vulnerable. These periods require forethought regarding safeguarding the setting as well as set. Know the actions to take if there is an unforeseen natural disaster (e.g. earthquake), significant problem with the building/space (e.g., fire, flood), or a medical or other emergency.

Healthy Boundaries:

Honest communication, trust, rapport, and confidentiality are to be established and honoured by both participants and guides and a discussion about healthy boundaries is part of this process. Limits on the behaviours of participants and guides are to be made clear and agreed upon in advance of any session. Guides are aware of possible transference, countertransference, power differential, and other aspects related to participant/guide forms of relationship, and take responsibility for maintaining professional ethical boundaries at all times. While the alliance building aspect of psychedelics can be very helpful in facilitating the treatment process this can also be problematic. If guides (and participants) cross the line and develop a personal or sexual relationship this can be destructive to the healing process and problematic for the community of professionals who are involved with this work. Clarity around boundaries is helpful to maintain the professional relationship. The following can be helpful:

- Only see a participant in your office and guiding space – keep your personal space separate.
- Be clear about how much time you will spend with the participant.
- If two guides work together agree that they will never spend time alone with the participant.
- Be aware of Borderline and other personality disorders and how this can manifest as urgent requests for help and a close association.
- Decline post treatment requests for social contact.
- Have “counter transference” as a recurring agenda item in your guiding partner / team discussions where all emotional responses to the participants are discussed regularly. Notice the internal hesitation to share an emotional response with a team member, as that is the first clue that a boundary has been (or is about to be) crossed. In order to maintain integrity, take a deep breath and talk about this emotion.

Compassionate Empathetic Presence:

Through the guide's full compassionate presence, the person being supported expands their conscious awareness and learns more about being present on personal and interpersonal levels. Through the guide's willingness and dedication to being a

nonjudgmental listening presence, she/he facilitates a deep level of trust and sharing in a profound, personal, and genuine way. An intimate connection is forged between guide and participant, creating an optimum set.

Compassion fatigue

Guides are accountable for knowing symptoms of compassion fatigue, and for taking measures on a personal basis to prevent the negative effects; they strive to promote a centered, joyful professional presence. It is an important responsibility of the guide to know when they need a break from their healing practice to prevent burn-out. This work can be difficult and draining and life balance is important to remain effective. On the airplane we are told to put on our own oxygen mask first and then help others. This analogy is important as our own lives have to be in “reasonable balance” to be effective in helping others.

Being a Psychedelic Guide

Psychedelic experiences are not for everyone and being a psychedelic guide is also not for everyone. There are significant challenges and rewards for those who choose to provide this service. The challenges include boredom (it is hard to sit for many hours in silence), fear (unpredictable behaviour is not uncommon), physical inactivity (sitting can be hard on the body) and dealing with both positive and negative projections from the participant. The rewards are also significant as it is a huge honour to participate in what is often the most meaningful, transformative or spiritual experiences of a participant’s life.

Being a Functional Member of a Team

Psychedelic guiding often happens within the context of a team. A skilled guide understands the larger context of their work, as psychedelic work requires many people with a diverse range of backgrounds and skills, and positive relationships are needed for the team to function well. Forging and maintaining constructive relationships with the other members of the team is rarely easy and requires the specific intention to work on building and maintaining relationships, time and energy, tolerance, respect for the skills of others, self-disclosure and trust.



Appendix A

Canyon River Canoe Analogy

The purpose of this analogy is to provide a way of thinking about the psychedelic experience to maximize the healing potential of this powerful medicine. It can take us to amazing places as we explore the wonderful complexity of our own deep human experience. Important therapeutic work happens during the journey of self-exploration and healing.

It is helpful to know that the psychedelic experience opens many doors and we can choose which parts of our experiences we are currently ready to explore. This is where proper preparation and an experienced guide comes in. The skill of working with psychedelic medicine is in some ways similar to the skill of paddling a canoe down a river flowing through a canyon.

On the river, you set out with companions. In your canoe there are people paddling with you who can help you to get where you want to go.

The analogy with the psychedelic journey is that you are also not alone. Experienced guides or therapists will be with you at all times so you can relax knowing that your environment is safe and you will get the support you need from people who you can trust. Also, you can invite with you, in your heart, the people who have helped you make your way until now.

On the river, when you push off your canoe from the shore, the banks gently rise beside you, guiding the direction of the journey. The banks are lush with trees, shrubs and grass. It takes great courage to embark on this voyage, and the many people who have gone before you often felt a little nervous at the start. This is okay. It means it matters. You have committed to the journey and the river will now take you on your way to your destination where you can safely carry your canoe away from the flowing river.

The analogy with psychedelic medicine is that once you take the medication, you are also committed to the journey and there is only one direction to go - which is down the river of time.

There are many factors that influence the experience of the canoe travelling down the river. One of them is the breeze, which can gently nudge you along or can come upstream, asking you to meet its energy.

Within the psychedelic journey the environment of the experience is analogous to the breeze. The music, eyeshades and the setting of the room are all powerful and important parts of creating safety and a positive healing environment.

Another factor that influences the experience of canoeing in a canyon river is the fact that you have a paddle, as it is not just the breeze which influences where you go. You can paddle the canoe to the left or right of the river and you can move around obstacles on your journey.

Within the psychedelic journey the paddle is analogous to the fact that you can make choices about where in your mind you focus your attention. You can pick and choose the parts of yourself you would like to explore. You can choose to stay in particular areas and to avoid others.

On a river, there are times when the water flows faster and becomes turbulent. You can be comforted by knowing that the guides are familiar with this river. There are life jackets to ensure everyone is safe and always above the water.

Within the psychedelic journey the lifejacket is analogous to meditation and staying focused on breathing. A skillful person who uses psychedelic medicine will practice taking long slow deep breaths and focusing on the sensations of breathing to relax and induce a sense of calm, which allows the focus to remain on healing.

Many indigenous traditions believe that rivers have a spirit and can offer wisdom to someone who is able to listen and willing to hear. We can learn from aboriginal people who have been using psychedelics or sacred medicine in healing ceremonies for centuries. Indigenous leaders who guide experiences with sacred plant medicine often advise the we approach the medicine with gratitude, no matter what happens, just say “thank you”, “trust the wisdom of the medicine” and “trust your own Internal Healer”. Listening to the river is important when we paddle a canoe and trusting the process is important when experiencing psychedelic medicine.

So, in preparation for your psychedelic healing journey be aware that it is important to stay in the safety of the psychedelic therapy room. We will work with you to select music that supports your journey as it unfolds. It is also important to know that you pick and choose the issues that you would like to explore and bring into the healing experience. It will be important for you to practice slow deep breathing as this allows you to remain calm and relaxed during the experience. Remember, you will also have a guide with you at all times to ensure your safety and maximize the healing potential of the psychedelic experience. Finally, trust your own Internal Healer, trust the medicine, and no matter what happens take a long slow deep breath and say “thank you”.

Appendix B

This relaxing meditation begins with taking long slow deep breaths and breathing relaxation into different parts of the body. Then the guide describes how this experience may produce changes in perception, and to respond with “Isn’t this interesting...”! Colors may be more vivid, your body may feel differently, your body may be bigger or smaller, you may see the music. Basic message for the session: trust the river, trust the journey, trust your own Internal Healer, trust in the wisdom of your own mind, trust in our relationship. Let go, be open. Let the music carry you. Trust the sacred medicine.

Interpersonal grounding: you’ll never be alone during the period of drug-action; we’re here. About hand holding and touching the shoulder - reach out any time (may demonstrate to normalize hand holding as comfortable energy flowing both ways, grounding). All emotions are welcome; anxiety, fear, laughter, tears, anger, awe, sexual feelings (can be felt but not expressed). Be yourself, open and honest. Allow these feelings to be experienced as a normal part of the journey – learn the lesson from the experience and allow the experience to change. Trust your own Internal Healer (the paddle allows you to explore where in the river you want to go) as you flow down the river of personal exploration. Trust the sacred medicine, which will take you deep within to a place beyond language, beyond thoughts and then of its own impetus, return you safely to the everyday world.

Source Acknowledgment: This document was created using 3 foundational documents:

- 1) Guide Manual by Karen Cooper (Usona, v2014))
- 2) A Manual for MDMA-Assisted Psychotherapy in the Treatment of Posttraumatic Stress Disorder by Michael Mitheofer (v2015)
- 3) Developing Guidelines and Competencies for the Training of Psychedelic Guides by Janis Phelps (2017)

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