Supporting Clients in Psychedelic Use: A Harm Reduction Framework

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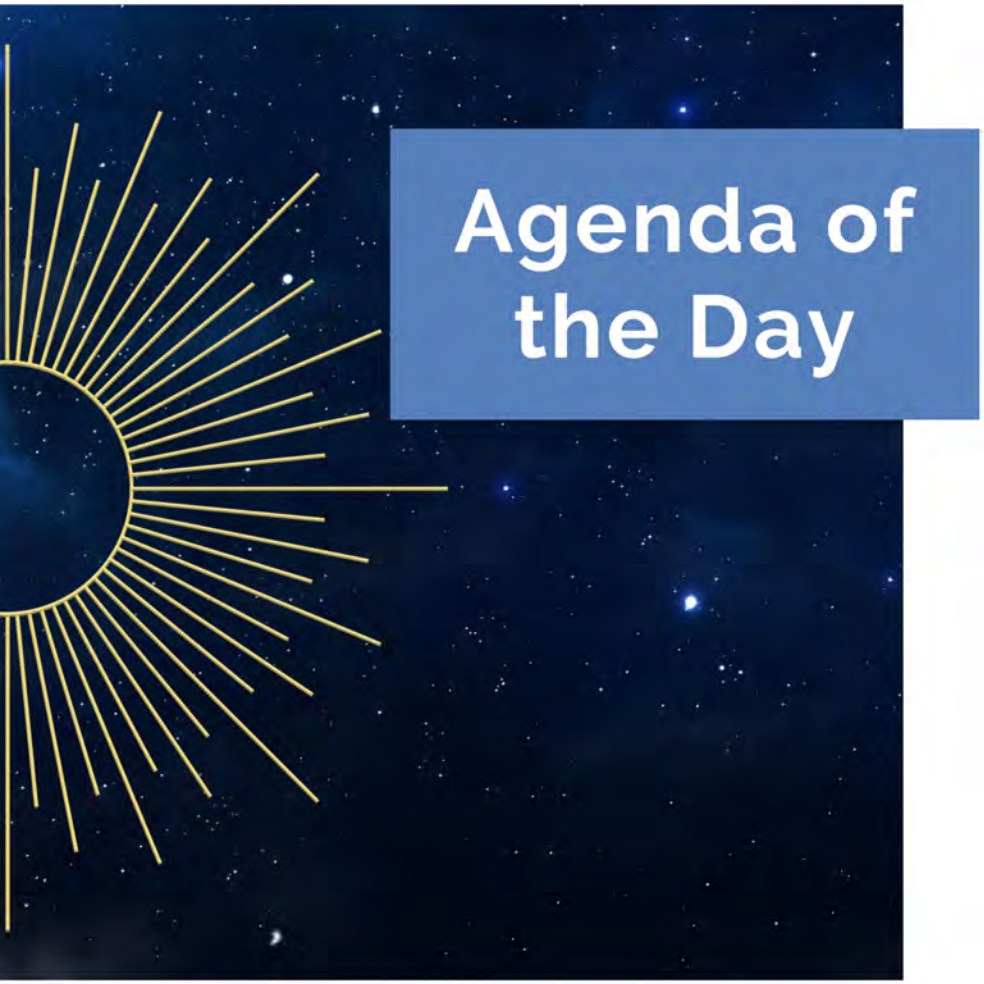


Agenda of the Day

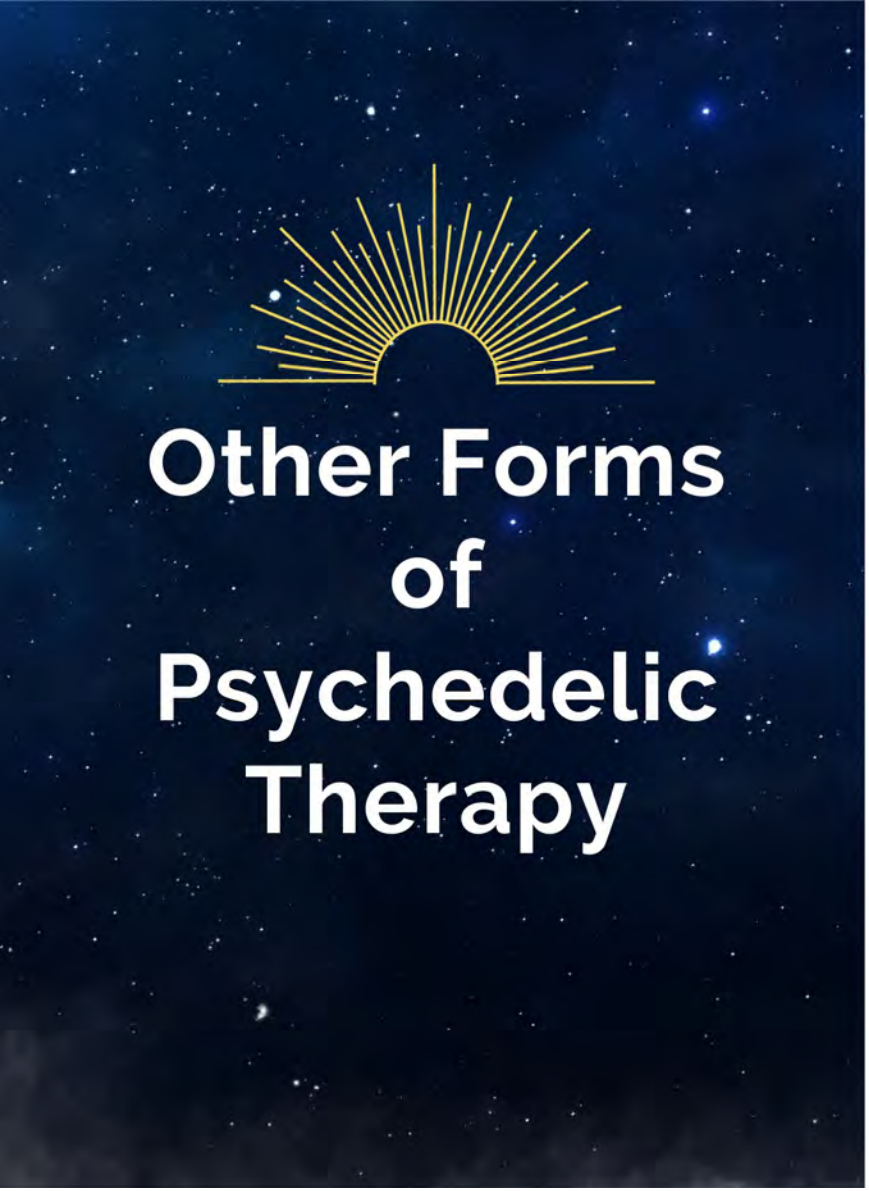
- An overview and introduction to psychedelic therapy
- The current and future landscape of psychedelic therapy and research
- Mechanisms of Action
- Efficacy, Benefits, and Contraindications
- Indigenous perspectives
- Preparation and Integration Skills
- Harm Reduction models for psychedelic therapy

Psychedelics, when used **responsibly** and with proper caution, would be for psychiatry what the microscope is for biology or the telescope is for astronomy.

-Stanislav Grof

Psychedelic Assisted Therapy is a form of psychotherapy that involves the combining of psychedelic substances such as psilocybin, MDMA, and ketamine with psychotherapy.

- Combines psychedelic medicine with psychotherapy
- Accesses expanded states for healing
- Promotes neuroplasticity and emotional release
- Differs from recreational or purely pharmacologic use



- Preparation and Integration for Psychedelic Journeys (Research, Personal, Underground, etc)
- Creating an affirming space to discuss psychedelic experiences
- Therapeutic Support for Microdosing

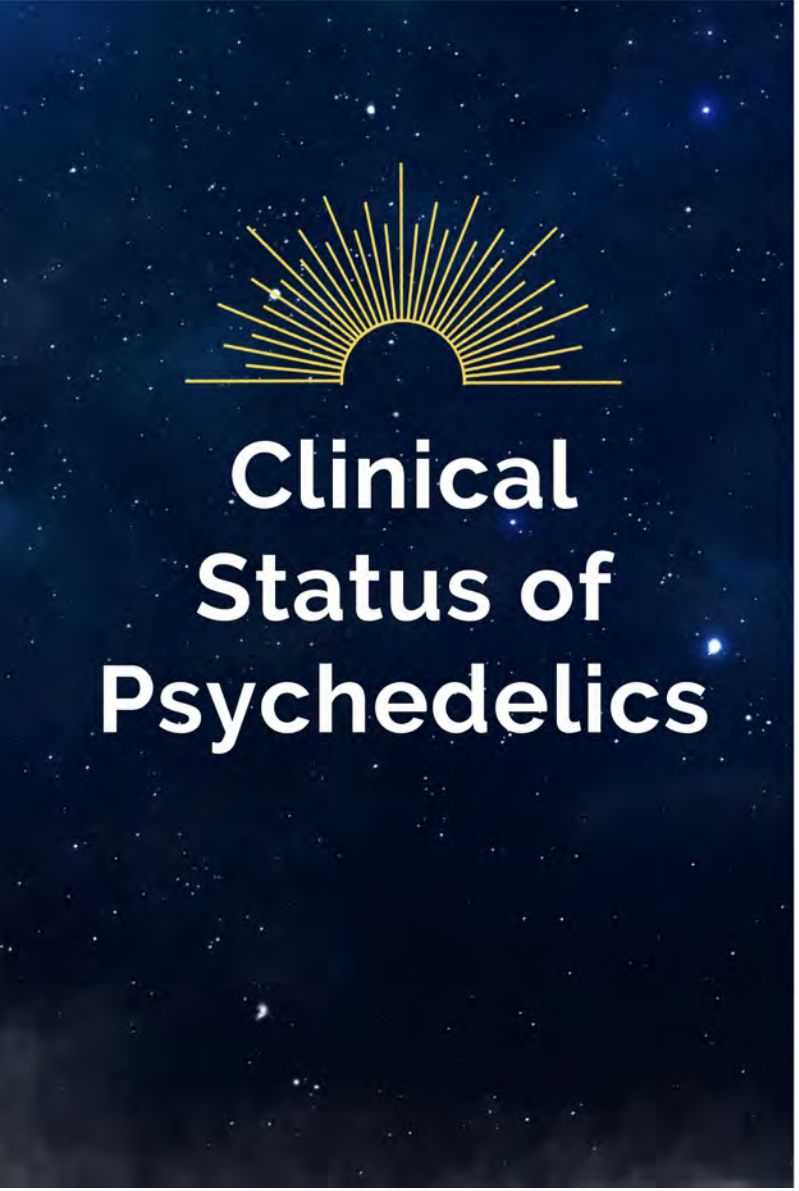
Psychedelic Assisted Therapy is rooted in the belief that **expanded states of awareness are healing and lead to deeper connection**.

Across cultures and millennia, humans have entered expanded states of consciousness-through meditation, breath, ritual, and sacred plants.

The **boundaries of the ego soften, allowing insight, emotional release, and connection to the innate intelligence of the psyche.**

Modern PAT continues this ancient lineage, combining time-honored practices with neuroscience to help people remember and restore their wholeness.

What is the Current Legal Status of Psychedelics?



- In 2019, the US FDA approved S-ketamine (Spravato) for treatment resistant depression. The generic form of ketamine is used off-label for a variety of mental health conditions in all 50 states.
- MAPS/Lykos completed phase 3 trial for MDMA. Their application was rejected by the FDA in 2024 and they were asked to redo the phase 3 trials.
- Psilocybin is still in trials with clinical use in several states such as Oregon and Colorado (and soon to be in New Mexico in 2027).
- A smaller number of clinical trials are happening with LSD, 5-MeO-DMT, Methylone, & Ibogaine

- On April 18, 2026, President Donald Trump **signed an executive order (Order) titled Accelerating Medical Treatments for Serious Mental Illness, directing federal agencies to expedite the research, review, and approval of psychedelic drugs** as potential treatments for serious mental health conditions.
- This is a significant federal policy shift aimed at **developing psychedelic drugs for use in treating mental illness.**
- The Order reshapes the regulatory environment for investigating the use of psychedelic drugs, including through U.S. Food and Drug Administration **(FDA) review prioritization and potential Right to Try Act access for investigational psychedelic drugs.**
- The Order **increases research funding for investigating the use of psychedelic drugs**.
- The Order **directs expedited controlled substance scheduling review for certain psychedelic drugs.**

Historical Context- 1st Wave

- Indigenous peoples have engaged with psychedelic plants for over 6,000 years — not as drugs, but as sacred teachers for healing, connection, and community.
- Modern psychedelic therapy stands on this ancient foundation.

Historical Context- 2nd Wave

- 1950s–70s: Early research & promise- Spring Grove State Hospital
- 40,000+ patients treated with LSD & psilocybin
- Studies showed efficacy for alcoholism, depression, and end-of-life distress
- Key figures: Hofmann, Osmond, Grof, Huxley, Leary, Alpert, Shulgin
- Research halted in 1970 with the Controlled Substances Act- Nixon
- Foundations laid for today's psychedelic renaissance
- 1970: Prohibition & Schedule I classification- MDMA- 1985

Historical Context- 3rd Wave

- 2000s–present: Psychedelic renaissance- Johns Hopkins
- FDA breakthrough designations for MDMA & psilocybin
- Ideally, drawing from indigenous wisdom and western science to revolutionize healing and tranformation on personal, societal, and ecological levels

Why are clients pursuing psychedelics?

- Have seen vast amounts of research, media, and literature showing efficacy for such conditions as depression and PTSD
- A friend or loved one has shared their experience
- Current treatments are not effective
- Distress, fear, confusion over political & world events
- Self exploration and self-actualization

- Cannot access legally & clinically
- Cannot afford legal & clinical treatment or do not qualify for research studies
- Do not trust the medical system

Present and Future Landscape of Psychedelic Research

The Current Landscape

- 300+ active clinical trials worldwide
- Focus on depression, PTSD, addiction, and anxiety, migraines, restless leg syndrome, etc
- MDMA and psilocybin: FDA Breakthrough Therapies
- Ketamine: only legal prescribable psychedelic

Evidence and Outcomes

- **MDMA**: 67%–71.2% of participants no longer met the diagnostic criteria for PTSD after treatment, compared to 32%–47.6% of the placebo group.
- **Psilocybin**: 60–80% remission in depression
- **Ketamine**: rapid antidepressant effects and lessening of PTSD symptoms: 80-86% lessening or remission

Integration into Mainstream Medicine

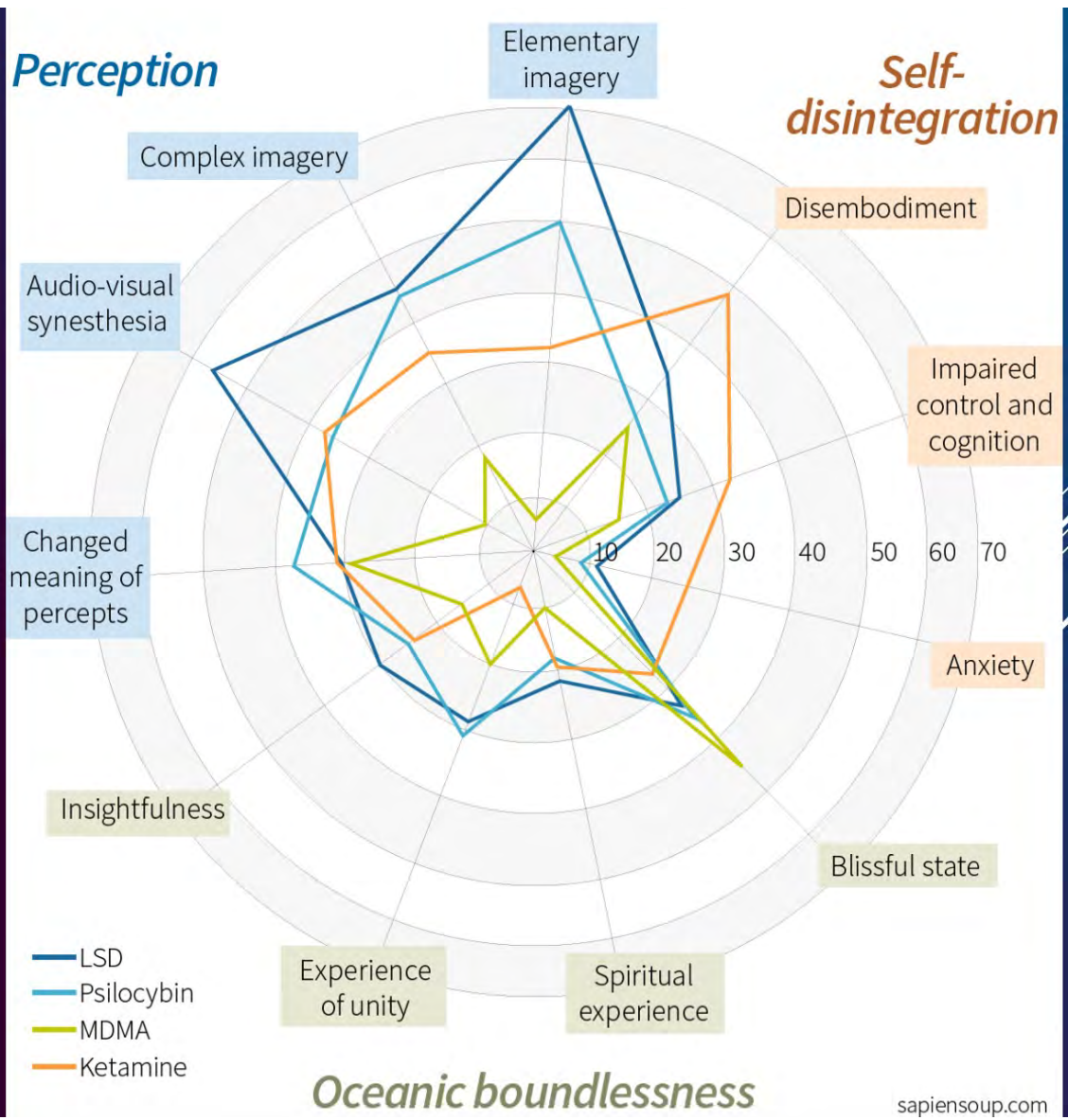
- Therapist training programs (CIIS, Fluence, PRATI)
- Research centers at Yale, Columbia, Johns Hopkins, Sunstone, Sheppard Pratt
- Oregon, Colorado, & New Mexico: regulated psilocybin frameworks
- Ketamine Assisted Therapy in all states
- Insurers exploring coverage models

The Future of Psychedelic Medicine

- MDMA and psilocybin FDA approval possible in the next few years
- Marylanders for Beneficial Psychedelics Bill and Task Force
- Development of next-gen compounds: DMT & Ibogaine analogs, psychoplastogens
- Focus on integration and equity
- Expansion into holistic and trauma-informed systems

- Increases neuroplasticity & synaptogenesis
- Modulates the Default Mode Network (DMN)
- Reduces rigid thinking & enhances flexibility
- Opens access to unconscious material

- KAP appears to soften the defense (protective) structure or 'rigidity' in clients and allow for greater flexibility.
- Psychedelics appear to be able to rapidly induce neuroplasticity- physical changes in the growth of neurons and the synapses (connections) between them (i.e. BDNF increase and Glutamate surge).
- Decreased activity in the amygdala (leads to being able to stay regulated while processing trauma).
- Down regulation of the default mode network
- Improved mood and decreased anxiety
- Improved memory processing


Perception
Self-disintegration
Elementary imagery
Complex imagery
Disembodiment
Audio-visual synesthesia
Impaired control and cognition
Changed meaning of percepts
Anxiety
Insightfulness
Blissful state
Experience of unity
Spiritual experience
10
20
30
40
50
60
70
LSD
Psilocybin
MDMA
Ketamine
Oceanic boundlessness
sapiensoup.com

What are some of the Benefits of Psychedelic Therapy?

Efficacy, Benefits, and Contraindications

- Depression: Psilocybin and ketamine show rapid, lasting relief.
- PTSD: MDMA-assisted therapy shows over 67% remission.
- Anxiety: Psilocybin reduces end-of-life distress.
- Addiction: Early promise for alcohol and opioid use.
- Increases emotional openness and life purpose.

Therapeutic Benefits

- Enhanced neuroplasticity and flexibility
- Reduction in rumination and shame
- Increased compassion and connection
- Access to transpersonal states
- Sustained behavioral change when integrated

Contraindications and Cautions

- Psychosis or Bipolar I disorder
- Active suicidality or mania
- Cardiovascular disease or hypertension
- Medication interactions: SSRIs, MAOIs, benzodiazepines (not Ketamine)
- Thorough medical and psychological screening essential

Indigenous Perspectives

Honoring Ancestral Lineages

- Indigenous use of entheogens for 6,000+ years
- Medicines like peyote, ayahuasca, iboga, and psilocybin as sacred teachers
- Ceremonies emphasize reciprocity, community, and connection with nature

Core Indigenous Principles

- Reciprocity: Healing is communal
- Right relationship: Medicines are gifts, not tools to exploit
- Ceremony as beginning, not end, of transformation
- Ritual, song, and prayer guide healing

Cultural Respect and Ethics

- Acknowledge Indigenous origins
- Consult Indigenous providers when designing PAT programs
- Support cultural preservation and reciprocity
- Avoid appropriation; cultivate humility
- Right relationship precedes right use
- Sustainable harvesting

What is Harm Reduction?

This perspective is an **alternative to the moral and disease models** (Szott, 2015).

It is based on compassion toward the patient and focuses on reducing the harm caused by substance use, sexual activity, and video gaming (Marlatt, 1996; Marlatt et al., 2011).

Drug User Health emphasizes **valuing a patient's autonomy and personal rights, respecting their values and preferences, and working to help them expand their options and engage in thoughtful individual decision- making and goal-setting** (O'Malley, 1999).

Abstinence is the most traditional form of addiction treatment. An abstinence-based approach means that clients must completely abstain from drugs and alcohol. Practitioners believe that people with substance use disorders cannot successfully moderate their use in a way that does not lead to addiction and negative consequences.

Harm Reduction prioritizes reducing the negative consequences of a person's substance use over complete abstinence. This model recognizes that drug use is complex, and abstinence may not work for everyone. This approach aims to reduce harmful consequences.

Examples of Harm Reduction Programs

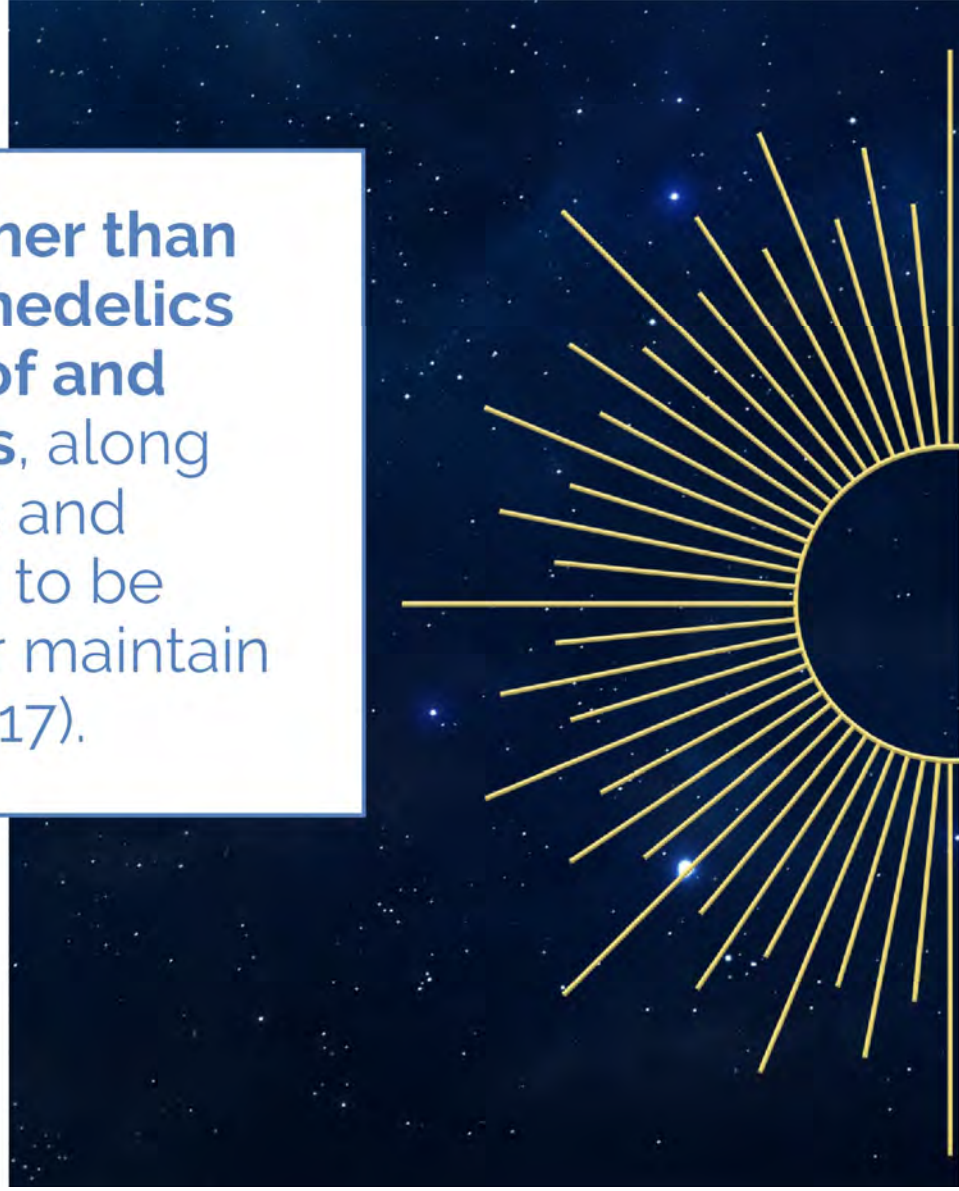
- Methadone maintenance programs
- Sterile Syringe Program
- Free-ride-home programs for people who have been drinking
- No-questions-asked policies at music festivals
- No-questions-asked policies when someone overdoses
- Monitor Overdose Prevention Programs (not yet open in the U.S.)
- Zendo Project- psychedelic peer support
- Fireside Project- psychedelic coaching and peer support line-Trip Check

- Supporting Physical and Psychological Safety
- Respecting Client's Self Determination and Meeting them where They are
- Respecting Cultural and Religious Traditions

- Helps clients understand the potential risks and benefits of psychedelic use
- Supports clients in contemplating alternative methods to reach desired goals
- Helps clients develop realistic expectations, and create intentions that help maximize therapeutic benefit of psychedelic use

- **Preparation**- Contemplating and Preparing to Use a Psychedelic Substance
- **Navigation**- Strategies and Support During a Psychedelic Journey
- **Integration**- Support Following a Psychedelic Journey or Experience

Contrary to common belief, **rather than doing the healing for us, psychedelics may give us an experience of and orientation toward wholeness**, along with insight into the barriers and misalignments that will need to be addressed to continue toward or maintain wholeness (e.g., Coder, 2017).



EXPAND your SELF
WELLNESS

- Set: Internal mindset of participant: preexisting beliefs, expectations, anxiety etc.
- Setting: External therapeutic environment: lighting, music, touch, etc.
- Creates safety and shapes the depth & direction of the experience

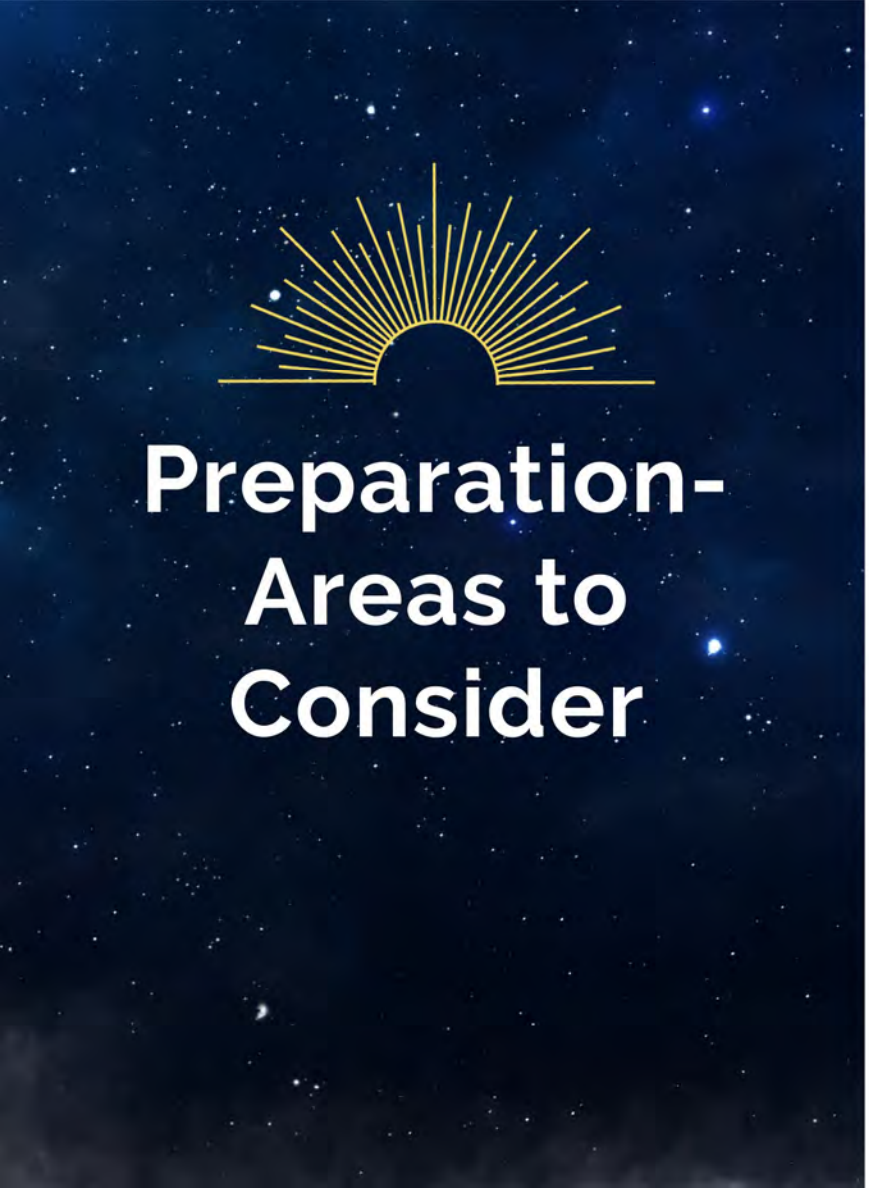
- Clarifies purpose of the experience
- Shifts from chaos to coherence
- Encourages self-directed healing
- Sample prompts:
  - What are you ready to release or receive?
  - What are you ready to invite in?
  - What would healing look like for you?

The purpose of Preparation is to support the client in **exploring their intention for psychedelic use and reducing harm through considering such factors as set, setting, and safety**.

This increases the chance of having a beneficial and productive experience and reduces risk factors that could lead to harm.

- Inquire into safe sourcing of substance. Testing Kits!
- Be informed and share on legality- most psychedelic substances are still Schedule 1.
- Consider risks

- Will they have support from someone they trust?
- Will they be in a safe, familiar environment where they won't need to drive?
- Will their physical needs be properly looked after, including diet and hydration?



- Mental
- Physical
- Spiritual
- Home Life
- Relationships
- Lifestyle
- Integration

Drug Classification Chart

How Drugs Are Classified In The U.S.

Classification	Examples	Description
Schedule I	- Marijuana - LSD - Ecstasy (MDMA) - Heroin	Schedule I drugs as classified as substances that have a high potential for abuse and no accepted medical use and are not safe to use under medical supervision.
Schedule II	- Cocaine - Opium - High Grade Morphine - Oxycodone - Methamphetamines (i.e. Adderall)	Schedule II drugs are classified as substances that have a high potential for abuse, despite having an accepted medicinal use in the U.S.
Schedule III	- Low-Grade Morphine - Anabolic Steroids - Ketamine - Certain Codeine Mixtures	Schedule III drugs are classified as substances that have less potential for abuse than Schedule I or II but abuse can lead to moderate physical dependence or high psychological dependence.
Schedule IV	- Ambien - Valium - Xanax - Rohypnol - Zolpidem - Soma - Darvon - Darvocet - Ativan - Talwin	Schedule IV drugs are classified as substances that have less potential for abuse than Schedule III and has accepted medical use in the U.S. but abuse of the drug may lead to limited physical or psychological dependence compared to those of Schedule III
Schedule V	- Cough Syrup (less than 200 mg) - Lomotil - Motofen - Lyrica - Parepectolin	Schedule V drugs are classified as substances with limited quantities of certain narcotics that have less potential for abuse than Schedule IV and have accepted medical use in the U.S. with limited risk of physical/ psychological dependency.

Graph printed in The Economist based on research by David Nutt [illegible] the Independent Scientific Committee on Drugs (Nutt, King, and Phillips, 2010)

Preparation and Integration Skills

Preparation Phase

- Build trust and safety
- Clarify intentions and expectations
- Teach grounding and mindfulness skills (navigation skills)
- Set rituals, music, and environment

Psychedelics can bring about a transpersonal experience, which can feel very different from our normal sense of self and how the world is. Your sense of self may appear entirely new and the world may appear vastly different during the journey.

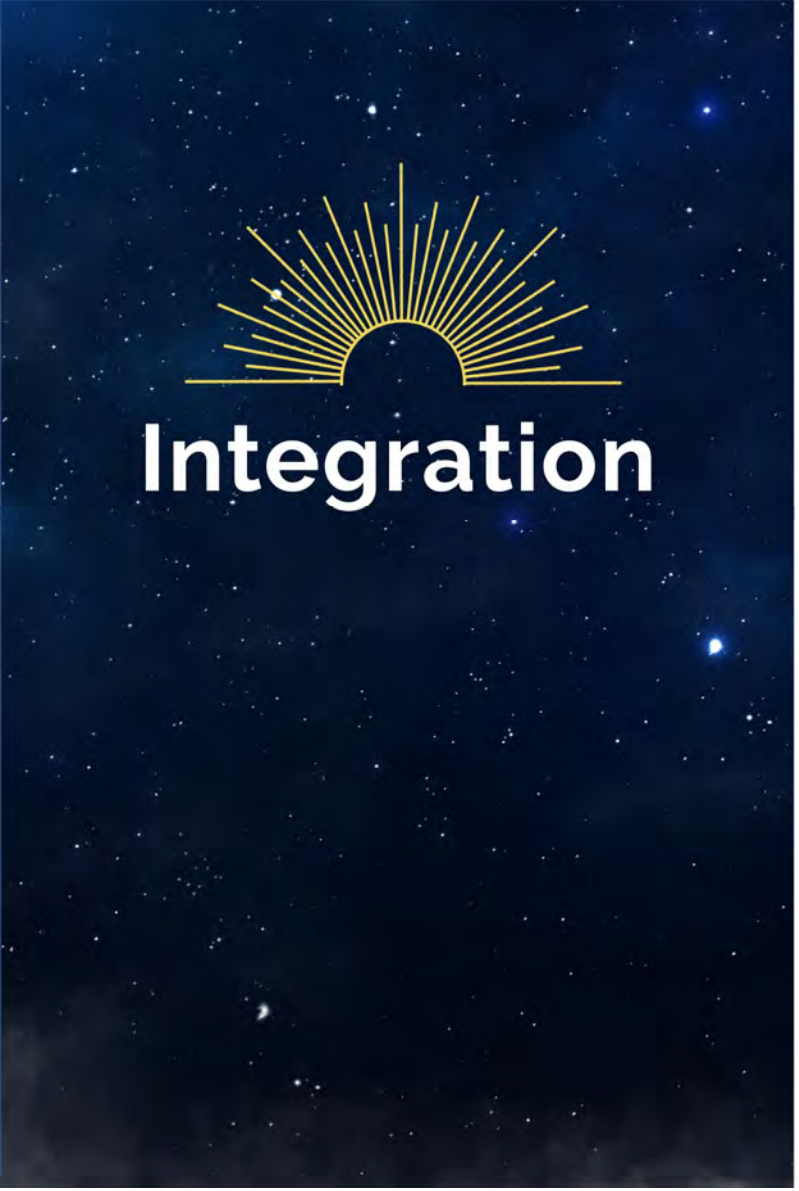
When we embrace and do not resist these experiences, they can have long lasting therapeutic benefits and help the brain form new pathways and introduce more adaptive mindsets and beliefs.

Holding Space During the Journey

- Maintain non-directive, compassionate presence
- Use somatic tracking
- Offer reassurance, not interpretation
- Encourage surrender and trust
- Intervene for safety
- Choose Psycholytic or Psychedelic approach

Navigation Tools- Methods for Coping and Grounding

- **Use a familiar reassuring affirmation.**
- Picture someone you love and admire.
- See yourself surrounded with golden-white light.
- **Bring and hold a special rock, gem, or grounding object.**
- Connect with natural elements such as the air and the earth.
- **Listen to a guided meditation or music.**
- Use expressive arts to convey feelings, meaning, and insight.
- **Use aromas or essential oils to activate more senses.**
- **Follow breath moving through the body.**
- Cover yourself with a comfortable (weighted) blanket for a sense of reassurance.
- **If things feel "stuck" change things up. Go from inside to outside or vice-versa, turn on or off music, etc.**



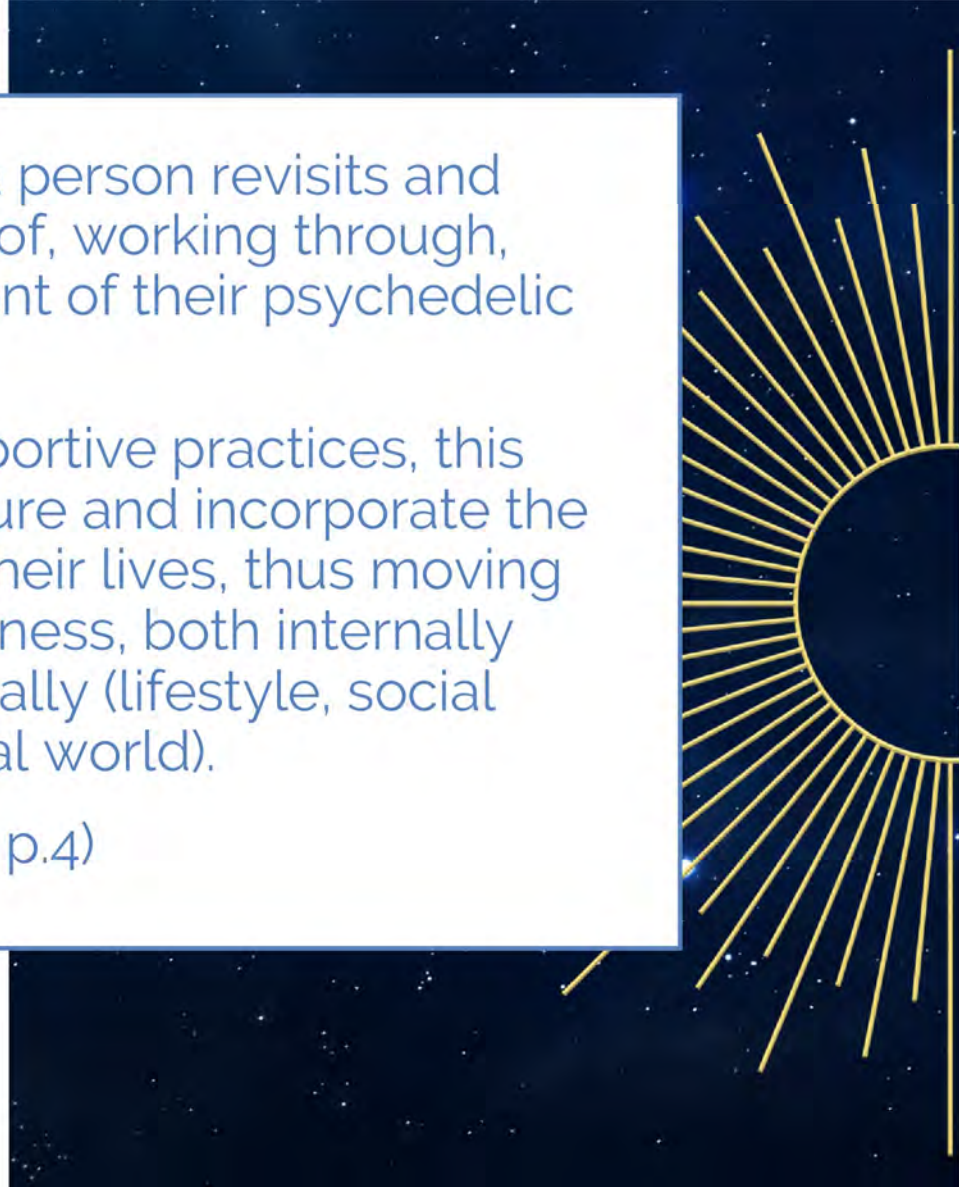
Integrate = to Make Whole

The process of taking the insights & understanding you gained and applying them in a lasting way to your life.

Integration is a process in which a person revisits and actively engages in making sense of, working through, translating, and processing the content of their psychedelic experience.

Through intentional effort and supportive practices, this process allows one to gradually capture and incorporate the emergent lessons and insights into their lives, thus moving toward greater balance and wholeness, both internally (mind, body, and spirit) and externally (lifestyle, social relations, and the natural world).

(Bathje et al, 2022, p.4)



Psychedelic integration is a process in which the **patient integrates the insights of their experience into their life** (Gorman et al., 2021, p. 8).

Nearly all the definitions we reviewed described or implied that **integration is a process, one that may take significant time and effort, and without which, insights gained are likely to fade without actualizing meaningful change** (Richards, 2017).

Integration is the process of bringing separate elements together into a whole ... and anchoring them into our lives (Bourzat and Hunter, 2019, p. 179).

In a survey involving Psychedelic Trained Therapists, they reported a strong need for more:

- Training Specifically on Integration and Best Practices
- A Better Understanding of the Concept of Integration Therapy
- This makes sense as all models in the literature are from 2017 or after.

Why is Integration so Important?

- Because Psychedelics appear **to re-open Critical Periods** similar to the Massive Periods of Growth we experience in Childhood.
- **Psychedelics appear to be the 'Master Key' to opening these periods in later years.**
- These Critical Periods open by inducing Meta-Plasticity
- Dolen's lab started the PHANTHOM project (Psychedelic Healing Adjunct Therapy Harnessing Opened Malleability)
- The research at Dolen's lab shows that the timing of the re-opened critical periods are correlated to the length of the psychedelic journey.
- Ketamine- 48 hours- 1 week
- MDMA/ Psilocybin- 2-3 weeks
- LSD- 3-4 weeks
- Ibogaine- 4 weeks +

- **Mind** - reflect on any insights- How can you bring them into your everyday life?
- **Body**- as you recall your journey- what sensations do you notice in or around your body?
- **Spirit**- reflect on any spiritual connection or sense of oneness
- **Lifestyle**- consider any actionable changes you feel called to make.
- **Relationships & Community**- any insights into ...?
- **Nature**-consider bringing nature-based practices into your integration period

Integration: Making Meaning Real

- Encourage storytelling and reflection
- Support creative and somatic integration
- Reinforce new patterns and relationships
- Anchor insights into daily life
- Integration = embodied change

Resources

- Fireside Project: psychedelic support line: https://firesideproject.org/support-line, 4/26
- Zendo Project: psychedelic peer support: https://zendoproject.org/, 4/26
- The Spirit Pharmacist: https://www.spiritpharmacist.com/, 4/26
- Psychedelic Testing Kits: https://dancesafe.org/drug-information, 4/26
- Psychedelic Information https://tripsafe.org/, 4/26

References

- Bathje, Majeski & Kodowor, Psychedelic integration an analysis of the concept and its practice, 2022
- Gorman et al, Psychedelic Harm Reduction and Integration: A Transtheoretical Model for Clinical Practice, 2021
- Nardou et al, Psychedelics reopen the social reward learning critical period, 2023
- Zelfand, Types of Ketamine- Which one Works Best? 2021
- Horowitz, Rosa, and Swogger, A Blueprint for Implementing Ketamine-Assisted Psychotherapy in Palliative Care: Design, Process, and Treatment Patterns of a Real-World Clinical Program, 2026
- Pilecki et al Ethical and legal issues in psychedelic harm reduction and integration therapy, 2021
- Florineth etall, Psychological Therapy Quantity and Depressive Symptom Reduction in Psychedelic-Assisted Therapy, 2026

References

- Askaryian et al, An overview of psilocybin, LSD, MDMA, and ketamine in revitalizing psychedelic-assisted therapy: Insights, limitations and future directions, 2025
- Samhsa Harm Reduction Framework: https://www.samhsa.gov/substance-use/harm-reduction/framework, 4/26
- US Drug Scheduling: https://www.dea.gov/drug-information/drug-scheduling 4/26
- Drug Science: https://www.drugscience.org.uk/, 4/26
- Being True to You Integration Workbook https://beingtruetoyou.com/, 4/26
- Medicinal Mindfulness Integration Guide: https://medicinalmindfulness.org/, 4/26
- Dolen Lab: dolenlab.org, 4/26
- Native Harm Reduction Coalition: https://harmreduction.org/native-toolkit/,4/26
- https://www.foley.com/insights/publications/2026/04/psychedelics-and-the-executive-order-from-schedule-i-to-treatment-priority/

Questions?

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