

## Review of ‘Transtheoretical model of harm reduction and integration for the use of psychedelics’ (Gorman et al., 2021)

### Reseña de ‘Modelo transteórico de reducción de daños e integración para el uso de psicodélicos’ (Gorman et al., 2021)

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## REFERENCE

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## SUMMARY

The Transtheoretical Model of Harm Reduction and Integration (PHRI) proposes an approach that incorporates principles of harm reduction psychotherapy, psychedelic-assisted therapy, mindfulness-based modalities and psychodynamic therapy, all in order

to build a framework on which to work with psychedelic experiences. It is a novel approach which aims to work with people who have used psychedelics in various contexts, from clinical therapies, spiritual practices, support groups, or by themselves (Gorman, Nielson, Molinar, Cassidy and Sabbagh, 2021).

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Its relevance lies in the increasing use of psychedelic substances in recent years, probably correlated to the growing interest in research. In fact, according to information collected in 2010, an estimated 30 million people in the United States revealed they had had a psychedelic experience at least once in their lifetime, and 17% of people between the ages of 21 and 64 had used psychedelics before (Krebs & Johansen, 2013). The use of other psychedelics (including ayahuasca and LSD) has also increased in recent years, both in ceremonial, musical-festive contexts and surreptitiously in assisted therapies (Sexton et al., 2019; Gorman et al., 2021).

Taking this data into account, together with the different motivations moving psychedelic users (from personal growth and therapeutic purposes, to simple recreational purposes), Gorman et al (2021) propose several paradigms on which to base their theoretical model to guarantee a holistic, comprehensive and effective approach to its clients:

- Moving away from the moral and disease models of addiction, which are considered stigmatizing for patients. Furthermore, given the low addiction and dependence potential of psychedelics, the disease model seems especially inadequate. These approaches can stigmatize the patient, consider their altered states of consciousness as secondary effects rather than elements to be used in a therapeutic setting, and hinder their access to mental health services when they deem it necessary.
- Be based on a harm reduction model, focusing on compassion towards the patient, respecting their autonomy as a consumer, their values and preferences, and accompanying them to ensure ad-

equate and goal-focused individual decision-making, without a special emphasis on absolute abstinence, and avoiding stigmatization. This approach is especially helpful in psychedelic users, who are often seeking personal growth or therapeutic effects. Psychedelics may also have anti-addictive properties.

To work in a comprehensive way with people who use psychedelic drugs, the fundamental emphasis must be on working with the altered states of consciousness that they provoke, known as Non-Ordinary States of Consciousness (NOSCs for its acronym in English). For this purpose, the PHRI uses interventions based on mindfulness, psychodynamic therapy, and psychedelic-assisted therapy, in order to understand them and integrate them into clinical practice. These techniques allow addressing these states with curiosity, without judging them, promoting the patient's autonomy to seek meaning and purpose, guiding him throughout and creating a safe space in which this process can develop: a fundamental difference with other types of traditional therapy, in which the achievement of a healthy, strong and functional ego is one of the objectives. In this model, on the other hand, the possibility that the ego can dissolve or disappear completely during a NOSCs is admitted, with the aid of concepts from Buddhist philosophy, which admits the possibility that the ego can be a source of suffering, thus promoting the relativization of the stable perception of self. As a whole, it consists in using non-directive techniques and approaches that accompany, but do not direct, the patient's process, promoting their autonomy and reflective capacity, focusing the discourse on the perceived subjective experience, and emphasizing the need to apply the solutions or knowledge gained to their life and relationships (Gorman et al., 2021).



Some techniques of psychodynamic psychotherapy can also be useful, since psychedelic experiences seem to allow a dramatic decrease in the defense mechanisms of patients, thus allowing a greater understanding of their suffering, intensifying transference and countertransference. Furthermore, the risk of iatrogenesis that a therapeutic relationship may pose in a context of such vulnerability makes it relevant to pay attention to relational psychoanalytic theory. Thus, Gorman et al. (2021) propose as the final objective of the PHRI, in short, to integrate the psychedelic experience of the patient in his daily life in a way that helps the user to live a fuller life with less suffering. It is not a treatment or a technique, but an approach that can be incorporated by any therapist into their work with patients who use psychedelic substances. However, if adopted, Gorman et al. (2021) would propose structuring the sessions as follows:

## Preparation

Following the harm reduction paradigm, it is essential that the patient can come seeking advice and help before embarking on a psychedelic experience. Therefore, psychoeducation in the risks, benefits, pharmacological interactions, and preparation will be fundamental. As well as trying to understand the motivation of the patient to embark on the consumption of these substances, and their objectives. It can be helpful to enlist the support of the patient's social and family system, or even connect them with a community of experienced psychedelic users. Finally, identifying the objectives and intentions of the user will allow the integration to be planned more adequately, and anticipate the handling of possible challenging or un-

pleasant experiences. It should not be forgotten that, despite their apparent safety, availability and popularity, most of these substances are not legally regulated, so it is not advisable to facilitate access or give advice in this regard.

Knowing the motivation and the context in which the patient will take psychedelics will shape the treatment, and in this sense the role of the therapist is essential when establishing harm reduction practices, especially if the use of psychedelics is to occur in a non-clinical context. Psychedelics nonspecifically intensify mental phenomena, while amplifying their meaning. This can lead to the manifestation of latent psychological processes, increased magical thinking, and the creation of meanings. In this sense, it is very important to take into account the relevance of the set (the patient's mental state, their beliefs, memories, experiences), and the setting (environment, companions, preparation), to guarantee a positive psychedelic experience or at least as risk-free as possible.

On the other hand, the frequent presence of experiences and ideas that can acquire enormous relevance for the patient, and the possibility of unpleasant events during the event, makes it essential to promote self-regulation. Techniques based on grounding, mindfulness, guided meditation, or a curious and dispassionate attitude towards your own sensations (Experiential Processing) can help to navigate a challenging experience in a satisfactory way, and also be the starting point from which to integrate said experience in the real world once it is over. On the other hand, there may be cases in which the patient seeks an absolute mystical experience without achieving it, in which case feelings of guilt,



hopelessness or frustration appear, making it necessary to properly manage expectations that discard idealized views of the process and focus on the specific and subjective characteristics of individual experience. It will also be necessary to take into account the possibility of interaction with other medications or substances that modify the experience, such as antidepressants, and that could even pose a risk of increased undesirable side effects. In addition, it could happen that an experience of high affectivity and meaning, such as the dissolution of the ego, ends up being counterproductive by preventing a real behavioral change through what is known as a "spiritual-bypass", by which the patient rationalizes said experience and subsumes all the others under that concept, avoiding facing the real sources of his discomfort.

As for the adverse effects, it must be mentioned that although most psychedelics are remarkably safe and no serious adverse effects have been reported in published clinical trials, the importance of the environment in which they are taken must be emphasized again. Furthermore, the possibility of anxiety, affective deterioration, and symptoms similar to psychological trauma must be taken into account. Also recognized in the DSM-5 is the persistent hallucinogen perception disorder, whose genesis and treatment are not clear, but which implies the presence of sensory-perceptual alterations once the pharmacological effects of the substance have subsided. Although the evidence is scarce, the pharmacological mechanism of action of most psychedelics suggests that they present a risk of triggering latent psychotic and manic disorders, so a fundamental preparation task will require adequate screening to detect patients at risk.

## Integration

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In this phase, Gorman et al. (2021) suggest that the therapist should seek to translate the patient's experience into positive vital changes. The PHRI would be a viable approach in these patients, whether it is performed during the psychedelic experience itself, or afterwards. To do this, it is of the utmost importance to consider that unpleasant or challenging experiences in which fear, anxiety or anguish have predominated, can also be used as a source of learning and growth to achieve positive changes. However, the persistent presence of insomnia, anxiety, depressed mood, or disorientation would indicate the need to prolong psychotherapeutic support. Specifically, patients with the presence of trauma in their past could face them again during the experience, and it is important to reformulate the narrative of their experience as a way to give new meaning to this event, and overcome experiential avoidance. Although this situation could translate into a temporary increase in mental symptoms in the form of a crisis, it is possible that this temporary presentation is part of the patient's therapeutic process, and it is up to the therapist, following the PHRI paradigm, to provide additional support to these people so that they can progress and grow.

Gorman et al. (2021) point out that the theoretical framework of acceptance and commitment therapy (ACT) is especially useful when it comes to managing the dynamics of avoidance and fear, seeking acceptance and psychological flexibility, thus helping to reflect on why the negative experience arose, and how to learn from it. During the psychedelic experience, and as mentioned previously, attention must also



be paid to the phenomenon of ego dissolution, in which one's own identity experience can be compromised, and force an abrupt change in one's values and perspectives. The relevance of this experience will depend on the context in which it occurs, and may be positive or negative depending on the significance assigned by the patient. Special attention must be paid to increases in sensitivity that will condition a greater emotional availability and that may lead to feelings of anxiety and vulnerability.

The "unfolding process", a concept drawn from humanistic psychology, indicates the continuous unraveling of insights about oneself and one's relationships which can take place after a psychedelic experience, and which can be divided into two categories:

Horizontal unfolding - new personal meanings appear that develop progressively over time

Vertical unfolding - radical new personal meanings appear extemporaneously, along with the subjective experience of a deeper reality.

These processes -along with the rest of the symptoms and events described- can take place in the form of waves during and after the experience, therefore the work of the therapist will go through favoring the acceptance and tolerance of these experiences beyond mere intellectual analysis, and with the objective of highlighting the most prominent and valued meanings. In addition, paying attention to the body and using somatic therapies can be especially helpful.

On the other hand, positive experiences -which a priori could seem much more useful for the therapeutic process- can induce an excessive reductionism of the experi-

ence to its hedonic component. Some individuals report the presence of positive sensations days after the psychedelic experience, a phenomenon known as "after-glow", which includes high affect, flexibility and psychological openness. It seems that this period constitutes a window of neuroplasticity that could make the individual more susceptible to new insights, allowing him to explore new behaviors and ways of thinking together with his therapist, being key in obtaining long-term benefits. As therapists and from the respectful and non-judgmental perspective of the PHRI, it will also be necessary to work with the patient's environment, who may experience sudden changes in behavior or thoughts of mistrust. In this type of situations it is recommended to adopt a systems perspective, in relation to the tendency of the family or the social nucleus to maintain balance or homeostasis in the face of sudden changes introduced by the individual.

Finally, Gorman et al. (2021) highly recommend the usage of tools that help maintain attention in the psychedelic experience, such as meditation, journaling, artistic expression, or any other activity that promotes mindfulness. The knowledge acquired during the experience should be incorporated into daily life according to the values and objectives of the patient. In some cases the need for complementary approaches for the treatment of conflicts that may have arisen -such as past trauma or difficulties, interpersonal relationships that were previously unknown, etc.- will be documented. It will be pertinent to guarantee the support of the patient both from health structures, as well as from their own socio-family support network, and to personalize the recommendations based on specific symptoms, problems and concerns.



## Implications

The PHRI model is especially relevant due to two fundamental implications:

- The recognition that the use of psychedelics in clinical contexts has beneficial potential, moving away from paradigms based on abstinence that discourage, prohibit or stigmatize the use of these substances.
- The PHRI model places the clinician in the role of supporting and following the patient's preferences, aligned with the principles of harm reduction and psychedelic-assisted therapy.

In conclusion, the PHRI model has the potential to reduce the harm caused by psychedelic use through education, informed decision-making, and enhancement of beneficial effects, using various hypothesized mechanisms of action.

## COMMENTARY

Hallucinogenic substances, especially classic psychedelics, are generating increasing interest in the scientific community for their therapeutic potential in a variety of disorders, eminently psychiatric (Vollenweider and Preller, 2020). This interest has been reflected in the media, which has contributed to changing the image and perception that public opinion has of these substances. This therapeutic potential seems to have a strong causal component in the ability of these drugs to cause altered states of consciousness (Swanson, 2018). However, most of these substances are not regulated or approved for therapeutic use, and their consumption is prohibited and punishable by law in many cases (Gorman et al., 2021).

The epidemiological data that the authors provide to justify the importance of having a model such as the one they propose, are easily translatable to our environment. According to the 2019 national survey of the Spanish Observatory of Drugs and Addictions (Brime, Llorens, Méndez, Molina and Sánchez, 2019), the consumption of hallucinogens throughout life in the population between 15 and 64 years of age has doubled from 1995 to 2017 (from 2.1% to 4.5%); meanwhile, in Europe as a whole, at least 1% of the population has experimented with hallucinogenic substances in the last year (European Monitoring Center for Drugs and Drug Addiction, 2019). The increasing availability of new psychoactive drugs that have not been regulated legally (UNODC, 2020), further increases the ease of accessing altered states of consciousness, in exchange for the increased risk posed by the consumption of compounds with less evidence regarding their safety and effects.

In this context, it is expected that a growing number of users, afflicted with mental disorders or not, will consult in outpatient services presenting a recent consumption of said substances, with various motivations that, as mentioned, may vary from the therapeutic purpose within the hypothesis of self-medication (Khantzian, 1985), to the mere playful component. Psychedelics have a low addictive component, and in fact appear to have therapeutic potential as tools for the treatment of substance use disorders (Perkins et al., 2021). Its profile of side and adverse effects also appears to be relatively benign (Dos Santos, Bouso, Alcázar-Córcoles, & Hallak, 2018). However, it is very important to take into account the importance of adequate preparation and psychoeducation to avoid unpleasant or even harmful experiences (Brouwer and Carhart-



Harris, 2021), so that a model based on harm reduction, which avoids stigmatization and favor the therapeutic bond, appears to be an adequate paradigm to provide support to these people.

In this sense, the PHRI presented here is the result of the authors' extensive experience in research and clinical work, under the umbrella of organizations such as MAPS, or Fluence. In fact, the theoretical tools from which it stems are not new, but based on previous psychotherapeutic theoretical frameworks. However, its originality and relevance lie in the versatility it presents, enabling its application to all kinds of people who use psychedelic substances through accompaniment, support, preparation and integration. It seeks to minimize the possible secondary damage due to improper use, and to extract therapeutic benefits even from consumption outside a clinical context. The implementation of these models would mean a progressive destigmatization of the use of psychedelics, allowing a growing number of consumers to request help and assistance, thus contributing to a more rational and less dangerous use.

However, there is still doubt about the possible negative effects associated with a repetitive use of hallucinogens, which could constitute one of the main motivations to defend a return to an approach based on abstinence, as well as the risks that their consumption entails for certain groups, such as patients with schizophrenia or bipolar disorder. Although these harmful effects have not been documented in the literature (Aday, Mitzkovitz, Bloesch, Davoli & Davis, 2020), it is important to take into account the selection bias that occurs in most clinical trials (with exclusion criteria such as the presence of psychotic symptoms in the past), making it

necessary to maintain some caution, at least until there are studies with a larger sample size and greater demographic diversity.

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