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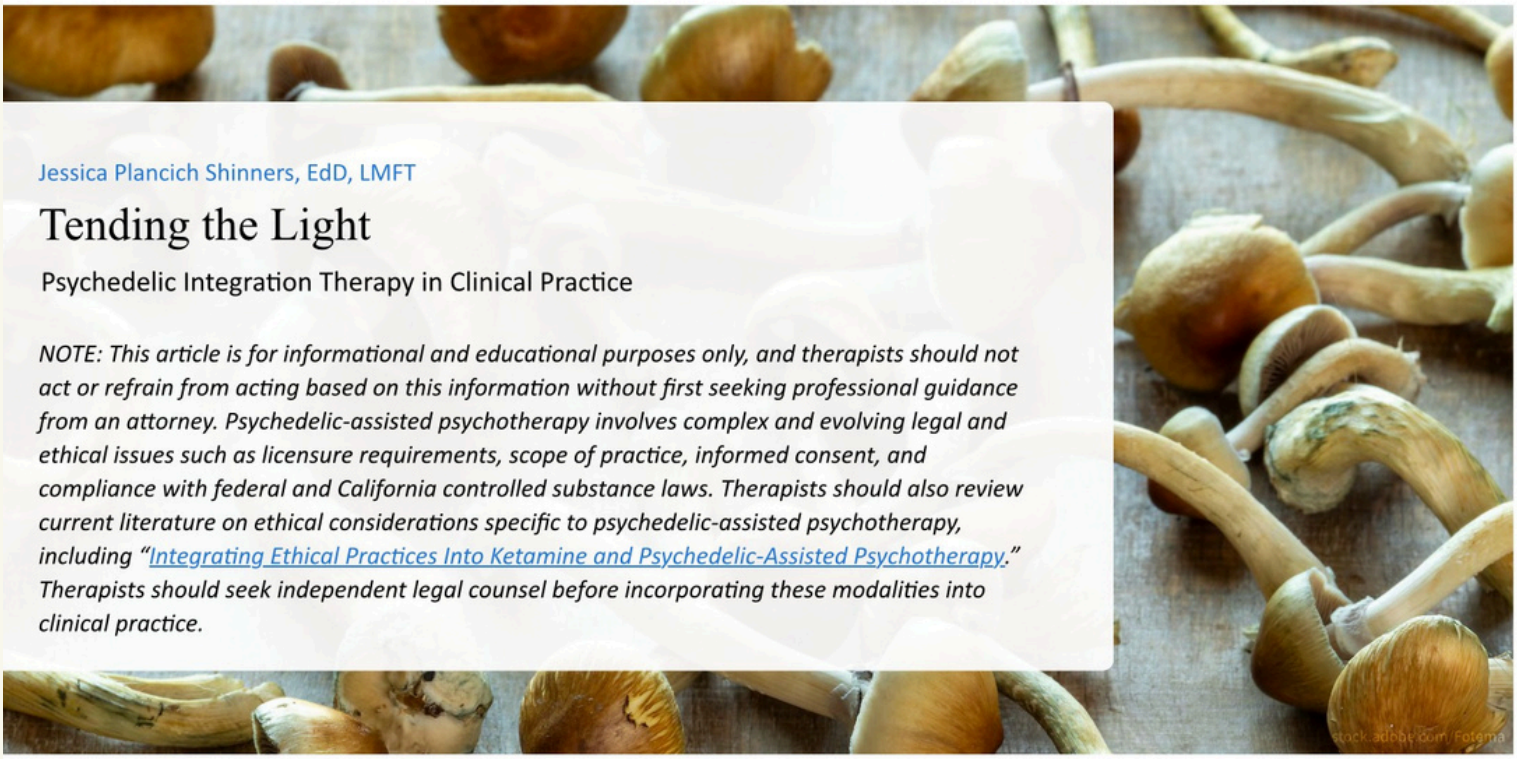

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Tending the Light

Psychedelic Integration Therapy in Clinical Practice

NOTE: This article is for informational and educational purposes only, and therapists should not act or refrain from acting based on this information without first seeking professional guidance from an attorney. Psychedelic-assisted psychotherapy involves complex and evolving legal and ethical issues such as licensure requirements, scope of practice, informed consent, and compliance with federal and California controlled substance laws. Therapists should also review current literature on ethical considerations specific to psychedelic-assisted psychotherapy, including "Integrating Ethical Practices Into Ketamine and Psychedelic-Assisted Psychotherapy." Therapists should seek independent legal counsel before incorporating these modalities into clinical practice.

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Today, therapists are increasingly called to support clients who are navigating complex trauma, social atrophy, spiritual distress, and existential anxiety. Among the most transformative tools emerging in this space is psychedelic-assisted therapy (PAT). As 3,4-methylenedioxymethamphetamine (MDMA), psilocybin, and ketamine move from fringe to forefront, clinicians must rise to the occasion with grounded knowledge and compassionate frameworks.

In June 2025, the Multidisciplinary Association for Psychedelic Studies (MAPS) hosted the Psychedelic Science 2025 conference in Denver, Colorado (Multidisciplinary Association for Psychedelic Studies, n.d.). It was a convergence of more than 10,000 scientists, clinicians, Indigenous wisdom keepers, policy advocates, entrepreneurs, artists, and psychedelic-curious attendees. I had also participated in the 2023 conference, and I noticed a palpable shift in the landscape since then: A greater number of international and Indigenous voices were now bringing their cultural perspectives and cautious curiosity to this rapidly emerging movement. Many more high-profile public figures were also featured —politicians, professional athletes, recording artists, and actors vulnerably shared their transformational healing experiences with psychedelics.

therapy certification through Vancouver Island University. Jessica integrates Western psychology and Eastern healing traditions such as yoga, qigong, and massage therapy. She consults with leaders, nonprofits, and other organizations to align purpose with impact through a whole-human, heart-centered approach. Her work is rooted in cultural humility, ecological stewardship, and the wisdom of Indigenous healing practices passed down through mentors, teachers, and guides.

PAT received a potential boost in April 2026, when President Trump signed an executive order to advance research on and access to psychedelic treatments for serious mental illnesses. The order directs the FDA to prioritize the review of psychedelic compounds and allocates $50 million to support state-level research initiatives. This could enhance access to these potent medicines as global organizations continue their rigorous work to delineate the legal, clinical, and social contours of their use in psychedelic therapy.

The resurgence of PAT is not merely a "renaissance" of substances, it's a profound call to expand our clinical awareness. With growing empirical support, psychedelic therapies offer breakthroughs for treatment-resistant conditions such as post-traumatic stress disorder, substance dependence, and major depressive disorder. Often potent and paradigm-shifting, the psychedelic experience does not end when the acute effects wear off. For many clients, the journey begins anew in the integration process. Marriage and family therapists are uniquely positioned to assist in this critical phase, yet many lack formal training or a structured path forward. This article offers a thorough clinical overview of psychedelic integration therapy informed by evidence-based research, trauma-informed care, and cultural humility.

Clinical Efficacy

Recent phase 3 clinical trials on MDMA-assisted therapy, such as the MAPP1 and MAPP2 studies, show significant reductions in PTSD symptoms. In the MAPP1 trial, participants experienced a mean decrease in CAPS-5 scores of more than 24 points, with a large effect size (d = 0.91). Post-treatment, nearly two-thirds no longer met the criteria for PTSD (Mitchell et al., 2023). The MAPP2 trial confirmed these findings across a more diverse population. These outcomes surpass traditional pharmacotherapies, underscoring MDMA's potential when paired with psychotherapy. Importantly, the treatment's safety profile remains favorable, with transient side effects and no long-term adverse events reported.

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Modifying expectations starts with humility. It's essential that therapists do the necessary preparation to clear a pathway for healing so that clients come with a sense of receptivity and surrender. This involves letting go of predetermined outcomes and trusting in the nonlinear process of transformation. The therapist guides the client away from a focus on what they want to get from the experience by suggesting that they consider questions such as *What am I willing to offer or give up?* and *What am I willing to receive?* This represents a significant shift in mindset from extraction to allowance and gratitude. It's cause for celebration when a client states an intention such as "I trust that I'll experience whatever I'm ready to receive."

Clinical discernment is essential in identifying who may benefit from PAT. Clients with chronic PTSD, complex trauma, existential distress, or treatment-resistant depression may respond positively, particularly if they possess a capacity for reflection and have access to a supportive environment. Contraindications include active psychosis, untreated bipolar I disorder, cardiovascular instability, and a lack of psychosocial support (Johnson & Griffiths, 2008). Therapists must use validated tools to assess readiness and risk, and they should discourage psychedelic use in unregulated settings.

An effective approach involves integrating the client's existing support network prior to the experience so that they can return to a safe, informed environment. A comprehensive assessment will include the client's available psychosocial resources, both internal and external. Despite its efficacy in ameliorating pernicious disorders, PAT is not recommended for clients who have inadequate support for their healing process. Partners, family members, friends, and an established network of clinicians in a community of practice can provide a continuum of care as the client returns to daily life.

Effective integration often begins by establishing nervous system regulation before the immersive experience. Providing clients with effective tools to anchor them prior to their medicinal experiences will support self-regulation in the post-journey phase. It's helpful to prepare the client that they'll need to allow adequate time and space to reengage slowly with their daily roles and responsibilities following the experience. It's important to note that neuroplasticity is most acute in the weeks immediately following the experience, so the client is ripe for pattern disruptions and new behavior formation during this window. Too often, clients return to work—and their habitual ways—the very next day. Preparing them to ease back into life gently allows for further openings to arise in the days and weeks following. Clients often have the most epiphanic experiences at unexpected times—on a "typical" Tuesday morning or during a mundane interaction with a family member. Profound shifts in awareness and behavior can occur in this potent window if it's left open long enough.

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Case Study

A 55-year-old, divorced male client sought PAT with the intention of recovering from a recent breakup with his fiancée. He reported having trouble with focus, motivation, purpose, and self-care, and he carried overwhelming grief without catharsis. This was compounded by his responsibility of caring for an aging parent with whom he had a strained and complicated relationship. During integration sessions, he explained that he had "so much anger and sadness that I didn't know what to do with before now." Though he intended to focus the experience on the more recent loss of his fiancée, he became immersed in images related to his early childhood and complex relationship with his mother. He was able to tearfully share compassion for his mother in the face of her imminent death. The client explained that during the journey, he confronted extreme grief as well as images related to his own death. He reported his sense that he faced a critical choice about how he would live his life moving forward. "I want to see my grandchildren," he said.

Images of death and end-of-life scenarios are common during psychedelic experiences. The phenomenon of "dying before you die" is often sought as a way to face the unknown and accept the inevitable loss of control. Clinical trials with palliative care patients have been effective in decreasing anxiety about the end of life and engendering a sense of peace with its completion (Griffiths et al., 2016). This client was able to process the deep, unresolved grief underlying his current breakup and access empathy for his dying mother, which eased their strained dynamic. Months later, despite still feeling the loss of his romantic relationship, the client was actively engaging in his work with a renewed sense of focus and pursuing hobbies and activities that he'd long left behind. He shared, "I won't ever lose myself or lose touch with my inner little boy—he likes to play."

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Meaning-Making

As noted, every journey is unique. From dark, provocative visions to images of benevolent ancestors and blissful states, the range of client experience is vast. There is no way to guarantee outcomes, but there are some common patterns, including the dissolution of protective, defensive personality traits; an increase in curiosity and the willingness to soften previously held beliefs; an expansion of love, gratitude, and humility; a release of control; and greater peace with the unknown.

Clients may encounter identity shifts, relational tension, or spiritual confusion in the aftermath of a journey. Rather than pathologize these experiences, therapists are advised to frame them as part of a broader process of transformation. Integration may include micro-practices such as daily check-ins, listening to the music they heard during the journey, embodied movement, or community connection. Clinicians can assist clients in discerning which insights to act on and when to pause, particularly when they feel compelled to make sudden life changes. Not all insights gained in the psychedelic experience have a direct correlation to everyday life. Therapists can encourage mindfulness practices that support the client in going beyond habitual responses and engaging in new behaviors.

Many clients return from their journey with open-hearted vulnerability or in a destabilized arousal state. Polyvagal-informed tools such as breath awareness, orientation to sensory input, and somatic resourcing offer simple yet profound methods for grounding (Porges, 2022). Therapists must monitor for signs of spiritual emergency, depersonalization, and manic activation, coordinating care with prescribers or psychiatric consultants as needed.

In the therapeutic space, a non-directive stance is paramount. Clients benefit most when they are encouraged to lead with their own interpretations and insights. The therapist's role is not to dissect the content of a vision but to hold a container for emergent meaning and gently guide integration through somatic awareness, creative expression, or narrative exploration. Integration may include mindful movement, journaling, dreamwork, or rituals rooted in the client's cultural or spiritual lineage. Time in natural settings—away from technology and the input of others—can also provide very calming support as clients return to their biorhythms.

Trauma-informed approaches are critical. Techniques drawn from Somatic Experiencing and Internal Family Systems (IFS) can help clients navigate reactivated memories and overwhelming emotions (Brom et al., 2017; Hodgdon et al., 2021). Pendulation, the practice of gently moving between activation and rest, allows clients to build resilience and capacity. Titration—introducing emotional content in small doses—supports safety and prevents re-traumatization. Therapists can guide clients in recognizing and dialoguing with the inner "parts" that emerged during psychedelic states to foster internal coherence.

A core principle in integration work is cultural humility. Psychedelic healing has deep roots in Indigenous traditions, and therapists are advised to navigate this with reverence rather than appropriation. The concept of "two-eyed seeing"—holding Indigenous wisdom in one eye and Western science in the other—invites a reciprocal and respectful approach (Bartlett, Marshall & Marshall, 2012). Therapists can honor clients' ceremonial experiences by integrating ancestral practices, engaging cultural consultants, and slowing the integration process down to align with ritual and seasonal timeframes.

Ethical integration requires acknowledging systemic barriers. Access to legal psychedelic treatment is currently limited, and many clients seek underground experiences or experiences abroad. Therapists can support harm reduction by educating clients about safety, preparation, and aftercare without endorsing illegal activity (Gorman et al., 2021). As policy evolves, therapists will increasingly play a role in helping clients navigate these emerging landscapes.

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The Uninitiated

Many clinicians may be in a position to support their clients in preparing for and integrating psychedelic experiences without ever having had one themselves (Dames et al., 2024). I'm often called on to educate the uninitiated about how they can best hold and support their loved ones and clients. Even if a clinician has not undergone an immersive psychedelic experience, it's likely that they've experienced a non-ordinary state of consciousness in their life via meditation, breath work, or moments of awe in nature. This expanded state can elicit insight, bliss, gratitude, and humility. Compassion for and connection with a client during integration can come from touching the mystery of the human experience to forge understanding and safety.

For clinicians seeking additional resources, MAPS offers a Psychedelic Fundamentals course, and there is ample empirical research dedicated to psychedelics. The *Journal of Psychedelic Studies* is an open-access publication that focuses on the study and discussion of psychedelic substances, including their biological, psychological, and social implications. The Canadian-based Roots to Thrive program has also published extensively about the efficacy of their psychedelic community of practice model (Tsang et al., 2025).

What's on the Horizon

Scientists, clinicians, and policy reformists across the globe are working to expand access to these potent experiences. This involves navigating the complex intersection of economics, prohibition, medical gatekeeping, standardization of care, and Indigenous wisdom. Future breakthroughs will be shaped by pioneers (such as those in Oregon and Colorado) who bring together multidisciplinary stakeholders to create ethical pathways that increase the accessibility of these treatment options.

In the meantime, as clinicians we can educate ourselves, align with reputable organizations, honor those who have related with these medicines since time immemorial, and proceed with great care. Therapists are invited to hold both the mystery and the method, to be clinicians and companions, scientists and soul-tenders. As more clients walk through our doors with stories of altered states and visionary encounters, our task is not to interpret or fix but to witness, anchor, and guide. In doing so, we become partners in a deeper healing that encompasses not just the individual but also the cultural and ecological systems from which they arose.

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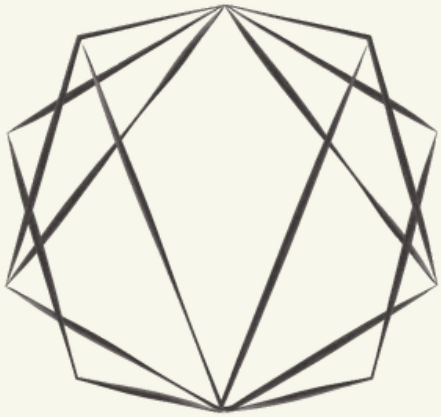
The light that emerges in a psychedelic journey can be transformative. With compassion, skill, and cultural integrity, therapists can help tend that light, cultivating resilient individuals and interconnected communities in the process.



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