NAVIGATING NEW FRONTIERS:
KETAMINE ASSISTED PSYCHOTHERAPY & THE FUSION WITH ENERGY PSYCHOLOGY
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ACEP 26th Annual Conference
Phoenix, AZ
Wigwam Resort
May 30-June 3

NAVIGATING NEW FRONTIERS:
KERRI HUSMAN, MD, FAPA, DCEP (SHE/HER)

PRESIDENT-ELECT, ACEP

Dr. Husman, a lifelong Iowa resident, provides psychiatric care for children and adults. She utilizes a variety of techniques, including Comprehensive Energy Psychology, Holographic Memory Resolution, Acceptance and Integration Training, Pain Reprocessing Therapy, neurodynamic breathwork, emotional freedom techniques, thought field therapy, and more.

She prescribes ketamine and provides psychedelic integration and psychedelic integration. She also prescribes ketamine and provides ketamine from the body level. She also prescribes ketamine and provides ketamine from the body level. She also prescribes ketamine and provides ketamine from the body level.

She co-owns Eastwind Healing Center, where she and her esteemed colleagues provide coaching using energy psychology methods, energy healing using Healing Touch, sound healing, and healing from the body level up. She also prescribes ketamine and provides ketamine from the body level up.

Dr. Husman also has a separate practice where she provides coaching using energy psychology methods, energy healing using Healing Touch, sound healing, and healing from the body level up. She also prescribes ketamine and provides ketamine from the body level up.

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LEARNING OBJECTIVES:

- Understanding of current legal use, FDA indications, and up-to-date review of racemic ketamine, esketamine, arketamine, other ketamine metabolites.
- Three energy modalities that have literature supporting their use as integration methods with psychedelics.
- Specialized training, including working with spiritual emergence and spiritual emergencies.
- Review of racemic ketamine, esketamine, arketamine, other ketamine metabolites.
- Understanding of current legal use, FDA indications, DEA status, and up-to-date sessions.
AGENDA

• Brief history and current literature on the use of ketamine and ketamine metabolites for psychiatric disorders.

• Safely working with ketamine.

• Ketamine and the possibility of spiritual emergency or spiritual emergence.

• Integration techniques, including the use of energy methods.

• Don’t worry about picking everything up, you will have slide access!
• Off-label use of generic Ketalar aka racemic (50% esketamine/50% arketamine)

DISCLOSURES

• Generic Ketalar aka racemic Ketalar will be discussed during this presentation. Racemic Ketamine is not FDA approved for any psychiatric disorder in the US.
• Esketamine (Spravato) use will be discussed as per FDA approval.
• Arketamine has no FDA approval for any medical condition and is not commercially available outside of research.
• Several metabolites of racemic Ketamine will be discussed as they are currently researched as molecules of interest as antidepressants. These are also not commercially available.
2024 KETAMINE timeline published this year, per day average: 5.4 studies published.

2021 First human arketamine trials published.

2020 Esketamine approval for MDD with SI.

2019 Esketamine approval as CIII for TRD.

2000 Single infusion results in rapid antidepressant effect.

1988 First published use for disordered eating.

1987 First published use for alcohol use disorder.

1985 Makes the WHO list of essential medicines.

1970 FDA approval in US as an anesthetic, will be given CIII status.

1962 Ketamine discovered as a dissociative anesthetic - an alternative to PCP.

KETAMINE AND METABOLITES TIMELINE
KETAMINE USES

- Personality Disorders, Neuroticism, and more.
- Alcohol Use Disorder, Cocaine Use Disorder, Opioid Use Disorder
- Anorexia Nervosa and Other Eating Disorders
- Post Traumatic Stress Disorder
- Obsessive Compulsive Disorder
- Bipolar Depression (some risk of precipitating mania)
- Major Depressive Disorder, Including Post Partum Depression
- Typically, but not always, reserved for treatment resistant conditions
WHY WE USE KETAMINE

- It works quickly.
- Suicidal ideation often resolves in 20 minutes – 2 hours.
- Why we use ketamine:
  - Some patients are intolerant of, and others receive no benefit from daily traditional medications.
  - Neurogenesis and neuroplasticity increase for about a week after a single treatment.
  - Resolution of target symptoms, improved quality of life, increased hope, and more.
  - In a series of 6 (or 8-10 if needed) sessions in 2-3 weeks, patients may report rapid and perceptive reconeicition with your unconscious capacity to see things from other viewpoints.
  - Allows the Default Mode Network (DMN) to quiet and we believe this allows it works quickly.
The Default Mode Network (DMN) was discovered by Raichle et al. (2001).

The DMN, considered responsible in part for intrinsic awareness, and is located in the posterior cingulate cortex and precuneus, the medial prefrontal cortex, and is located in the angular gyrus (Andrews-Hanna et al., 2014).

Recent evidence suggests that abnormalities in the connectivity of the default mode network (DMN) and the supplementary motor area (SMA) are involved in OCD pathophysiology (Echevarria et al., 2014).

In depression, the DMN is often found to be hyperactivated and hyperconnected, and that hyperactivity may be related to negative rumination (Whitfield-Gabrieli and Ford, 2012).

The DMN shows greater activity during the resting state when an individual is focused internally rather than on the external world or on attention-demanding tasks.

The Default Mode Network (DMN) was discovered by Raichle et al. (2001).
Ketamine decreases resting state functional network connectivity in healthy subjects: Implications for antidepressant drug action.

Default Mode Network

https://doi.org/10.1371/journal.pone.0044799

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CANDIDATE ANTIDEPRESSANTS


![Figure 1](image)

**FIGURE 1.** Metabolic pathway of ketamine enantiomers. (S)-ketamine and (R)-ketamine are a pair of stereoisomers. *In vivo*, (S)-ketamine and (R)-ketamine is initially demethylated to (S)-norketamine or (R)-norketamine. (S)-norketamine or (R)-norketamine is further metabolized to (S)-DHNK or (R)-DHNK. (S)-norketamine or (R)-norketamine can also be hydroxylated into (2S,6S)-HNK or (2R,6R)-HNK, respectively. Recently, ketamine and several of its metabolites with potential antidepressant-like effects have intrigued enthusiastic investigations at preclinical and clinical levels. Abbreviations: (2R,6R)-HK, (2R,6R)-hydroxyketamine; (2S,6S)-HK, (2S,6S)-hydroxyketamine; (2R,6R)-HNK, (2R,6R)-hydroxynorketamine; (2S,6S)-HNK, (2S,6S)-hydroxynorketamine; (R)-DHNK, (R)-dehydronorketamine; (S)-DHNK, (S)-dehydronorketamine.
How does ketamine work?

2022 Proposed mechanisms of action


Ketamine administration results in release of serotonin, dopamine, and norepinephrine, and beta-endorphin. Ketamine administration results in release of serotonin, dopamine, and norepinephrine, and beta-endorphin.

- Low dose naltrexone will also attenuate the benefit of Ketamine.
- Naltrexone, and other opioid blockers, will significantly reduce the benefit of Ketamine, and other opioid blockers, will significantly reduce the benefit of Ketamine.
- Lamotrigine given with Ketamine appears to attenuate dissociation, but does not appear to cause problems with prescribed antidepressants.
- Naltrexone, and mood stabilizers thus far, are effective for preventing Ketamine's effect on the opioid system.
- Low dose naltrexone for inflammation should not be taken the night before, as it is unclear if doses at or below 4.5 mg will also attenuate the benefit.

Ketamine and Psychiatric Medications

  et al. (2024). The Endogenous Opioid System in the Medial Prefrontal Cortex Mediates Antidepressant Actions of Ketamine. Translational Psychiatry, 14, 1-10. DOI: 10.1038/s41398-024-02279-9.

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It has been proven that both short-term and long-term ketamine treatments show significant cognitive deficits, such as language learning disorders and spatial memory decline.

It has been shown that both short-term and long-term ketamine treatment leads to cognitive impairment by decreasing the expression of Aqp4, an aquaporin that plays an important role in glymphatic transport.

Clinically, severely ill children who received ketamine sedation and analgesia for 7 consecutive days suffered from long-term cognitive impairment.

In comparison, severely ill children who received ketamine sedation and analgesia for 7 consecutive days suffered from long-term cognitive impairment.

Ketamine administration causes cognitive impairment by destroying the circulation function of the glymphatic system via decreased Aqp4 expression, leading to circulatory dysfunction in the glymphatic system.

Both short-term and long-term ketamine abusers show cognitive deficits, such as language learning disorders and spatial memory decline.

The glymphatic system is critical for the clearance of metabolic wastes and immune cells from the brain.

Ketamine administration causes cognitive impairment by destroying the circulation function of the glymphatic system, leading to decreased Aqp4 expression, which plays an important role in glymphatic transport.

Ketamine administration causes cognitive impairment by decreasing the expression of Aqp4, an aquaporin that plays an important role in glymphatic transport.

Ketamine administration causes cognitive impairment by decreasing the expression of Aqp4, an aquaporin that plays an important role in glymphatic transport.
KETAMINE AND COGNITION


Preclinical findings suggest that arketamine could play a role in the activation of BDNF-TrkB signaling [122]. Preclinical data suggest that arketamine, but not esketamine, can improve PCP-induced cognitive deficits in rodents [104]. Furthermore, there is evidence that BDNF-TrkB signaling could play a role in the beneficial effects of arketamine in several animal models [36, 42–45, 66, 143–147].

Preclinical findings suggest that BDNF-TrkB signaling could play a role in the improvement in patients with MDD or BD, although it causes cognitive impairment. Preclinical findings further suggest that arketamine could improve cognitive impairment in healthy subjects.

Accumulating clinical data suggest that (R,S)-ketamine could improve cognitive impairment in patients with MDD or BD, although it causes cognitive impairment. Accumulating clinical data suggest that (R,S)-ketamine could improve cognitive impairment.
Studies reported immediate improvements in depression, anxiety, and suicidality.

Initial evidence suggests ketamine is safe and may be effective for mood disorders.

- Ketamine was well-tolerated with the most common side effects being dizziness, nausea, and mild dissociation.
- Improvements were maintained for weeks-months following treatment.
- Ketamine did not require medical intervention.
- Transient hemodynamic changes were reported, all of which resolved quickly and did not require medical intervention.

Ketamine for Mood Disorders, Anxiey, and Suicidality in Children and Adolescents: A Systematic Review


European Child & Adolescent Psychiatry. [https://doi.org/10.1007/s00787-024-02458-y]
FDA ALERTS ON COMPOUNDED FORMS

• In April 2023, FDA received an adverse event report of a patient who experienced respiratory depression after taking compounded oral ketamine outside of a health care setting for the treatment of PTSD. The patient’s ketamine blood level appeared to be twice the blood level typically obtained for anesthesia.

• Self-administered at home.

• Doses 125 – 200 mg/ml, three sprays three times a day to six sprays eight times a day.

• Delirium, dissociation, visual hallucination, and panic attack as well as abuse and misuse.

• Identitied five cases, reported between 2016-2021, associated with psychiatric disorders such as delusion, dissociation, visual hallucination, and panic attack as well as abuse and misuse.

• FDA alert 10/23 regarding compounded racemic ketamine nasal spray.

• FDA alert 2/22 regarding compounded racemic ketamine oral products.

VERY FEW AND GENERALLY MISUSE AT HOME

FDA ALERTS ON COMPOUNDED FORMS
This study demonstrates that SL ketamine is a novel, safe, and effective treatment recommended six doses of RDT ketamine.

Scores. Reduction rates were higher in those patients who completed a clinically significant reduction in GAD-7 in PHQ-9 scores, and 47.6% of patients showed a significant decrease after three doses of SL ketamine, 47.6% of patients showed a significant decrease in PHQ-9 scores.
SAFETY AND EFFICACY OF ORAL KETAMINE: DEPRESSION & ANXIETY


Three patient subpopulations emerged, characterized by Improvement (79.3 %), Chronic (11.4 %), and Delayed Improvement (9.3 %) for PHQ-9 and GAD-7. Endorsing side effects at Session 2 was associated with delayed symptom improvement, and Chronic patients were more likely than the other two groups to report dissociation at Session 4. Further research should assess durability of effects.

Conclusion: At-home KAT response and remission rates indicated rapid and significant antidepressant and anxiolytic effects. Rates were consistent with laboratory- and clinic-administered KETAMINE treatment. Patient screening and remote monitoring maintained low levels of adverse events. Future research should assess durability of effects.

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SAFETY AND EFFICACY OF ORAL KETAMINE: CHRONIC PAIN UP TO 12 YEARS


Methods: This study was a clinic-based retrospective descriptive study of 79 patients with a broad range of chronic pain diagnoses and treated with oral ketamine over a period up to 12 years. Changes in pain, mood, and quality of life (QoL) were assessed using a numerical pain severity score, the Brief Pain Inventory (BPI), the Public Health Questionnaire (PHQ-9), and the American Chronic Pain Association Quality of Life (QoL) scale.

Results: 73 patients were accessible for follow-up (mean daily dose and treatment duration were 79.84 mg and 22.6 months respectively). Pain scores decreased (p < 0.0001) on both numerical scores (41.6% decrease) and BPI scoring (mean decrease 2.61). Mood also reported less difficulty with daily activities and improved QoL. The most common adverse reaction was drowsiness (21.9%), with 30.1% reporting no adverse reactions. Patients also reported decreased difficulty with daily activities and improved QoL. Mood also reported less difficulty with daily activities and improved QoL. The most common adverse reaction was drowsiness (27.9%), with 30.1% reporting no adverse reactions. Patients also reported decreased difficulty with daily activities and improved QoL. The most common adverse reaction was drowsiness (27.9%), with 30.1% reporting no adverse reactions.

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NON-NEGOTIABLE RULES FOR GROUP AND INDIVIDUAL SAFETY
PHYSICAL TOUCH DURING THE KETAMINE SESSION

• Medical Touch: Checking vital signs, optional lidocaine for injection sites, and injections given in the upper arm (deltoids).

• Assistive Touch: If you need assistance sitting up, or being walked to the toilet, the provider will assist you in this way, such as steadying your arm or shoulder if needed, or holding a hand so you feel comfortable in the bathroom or toilet.

• Therapeutic Touch: During especially troubling or difficult imagery or memories during the ketamine experience, or feeling significant disconnection from the physical body, simple touch can be requested by you from the doctor, such as a hand placed on the shoulder, hand or feet to provide grounding and healing presence. Release work can also be offered to you, such as a pillow, stuffed animal, or other ways to self-soothe during sessions, to help preserve your autonomy.

• There will never be sexual touch of any type during the session. No hands-on healing or massage is provided. Physical touch is prohibited during the medicine portion of sessions between patients during group sessions. Sessions are video recorded on a separate local drive and stored for 1 year to ensure the safety of all parties involved.

• If you required supplemental oxygen or any emergency services (use of Automated External Defibrillator or AED, or CPR is needed), standard procedures for these techniques will be used, as per CPR, AED, and ACLS training.

• Medical Touch: Checking vital signs, optional lidocaine for injection sites, and injections given in the upper arm (deltoids).
UNDERLYING PRINCIPLE #1

TRUST

• TRUST the Innate Guiding Intelligence or IGI.
  • Also known as the inner healer, inner healing intelligence, and higher self.

Let go of expectations, meaning it is ok to let yourself be surprised.
Also known as the inner healer, inner healing intelligence, and higher self.
TRUST the Innate Guiding Intelligence or IGI.

The three most important words are TRUST THE PROCESS!

Could you apply this to your aftercare and integration process?
rest, and the proper environment is maintained until healing is complete. How
away common sense either. A cut heals best when cleaned, attended to, allowed to
and so too can the psyche. Despite this happening without thinking, we don’t throw
The body, when injured, naturally heals itself without consciously thinking about it,

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UNDERLYING PRINCIPLE #2

SURRENDER

• As you open to trusting your innate guiding intelligence, you also work on surrendering to it. Give it full permission to help you heal!

• Blocks, stuck issues, and suffering begin to release the moment we stop resisting and fully surrender.

• What you resist will persist. The only way past is through.

• This is your opportunity to feel the full range of emotions in a safe and supported setting.

• Supressing the “pain” (whatever we resist) is likely the degree to which we suppress joy as well.

• Experience. Embrace the pain so you can embrace the Joy.

• This means giving permission for the full catastrophe and drama of the human.

• To it. Give it full permission to help you heal!

As you open to trusting your innate guiding intelligence, you also work on surrendering.

SURRENDER

UNDERLYING PRINCIPLES #2
ARE "MYSTICAL EXPERIENCES" ESSENTIAL FOR ANTIDEPRESSANT ACTIONS OF KETAMINE AND THE CLASSIC PSYCHEDELICS?


Moreover, a systematic review encompassing 21 studies revealed that total score for ketamine-induced CADSS does not consistently correlate with its antidepressant effects. Considering the role of NMDAR inhibition in the side effects of ketamine, it appears that ketamine-induced dissociation is not essential for its antidepressant actions, though additional research is required to fully comprehend the relationship between dissociation and the antidepressant effects of ketamine and esketamine. Overall, it seems unlikely that NMDAR antagonists [73, 74], it seems unlikely that NMDAR plays a crucial role in the antidepressant effects of ketamine [9, 10, 11, 12, 13, 14, 15, 16, 17, 18].

Taken together, these findings suggest that the antidepressant effects of both ketamine and esketamine are independent of their dissociative symptoms. Moreover, a systematic review encompassing 21 studies revealed that total score for ketamine-induced CADSS does not consistently correlate with its antidepressant effects.
Post Experience

- Mystical Experiences Questionnaire (MEQ43 or MEQ30)
- Challenging Experiences Questionnaire (CEQ)

Both administered post each session.

Both administered post each session.

A score of zero does not mean nothing happened.

Challenging and Mystical experiences typically both occur in the same session.

Helps the patient to remember more of their experience that is hard to describe.
HOW CAN ENERGY METHODS AND ENERGY PSYCHOLOGY HELP WITH SET, SETTING, AND INTEGRATION?

Mindset:

• Call in or ask for support from those to whom you pray, if that resonates.

• Be open to what your innate guiding intelligence brings today.

• Connect with the metaphysical properties of crystals or EOs during the session.

• Pull an oracle or tarot card to help with intention for today.

Intuitions are often nice, but what material comes up may be quite different.

• Creating an intention that aligns with peace, acceptance, love, joy, and play.

• "Safe scene" from HMR, EMDR, and others.

• Prep with daily energy hygiene techniques (from EEM, CEP homework, etc.).

Set, setting, and integration?
HOW CAN ENERGY METHODS AND ENERGY PSYCHOLOGY HELP WITH SET, SETTING, AND INTEGRATION?

• Setting:
  • Incorporate the Five Elements/Feng Shui.
  • Altar, sacred space, or sacred circle that allows involvement at the level of the religious or spiritual comfort of your patients.
  • Bring nature in with plants, pictures, or windows onto a green space.
  • Acknowledge the Four Directions or the medicine wheel.
  • Ease of grounding if possible.
  • Comfort!

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HOW CAN ENERGY METHODS AND ENERGY PSYCHOLOGY HELP WITH SET, SETTING, AND INTEGRATION?

• Integration: Remember, integration is an internal journey.
  - Nondirective, supportive space holding often is your best tool.
  - Fast.
• As practitioners, we can get “too greedy” by wanting to “fix” too much and too
  - Less resistance to change, new viewpoints, and easier to try something new.
  - To use.
• If activating material comes up during or immediately after the medicine
  - Integration: Help with set, setting, and integration?
• How can energy methods and energy psychology

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SPIRITUAL/EXISTENTIAL AND INTEGRATION

- Spiritual practice (multiple)
- Intention setting (Frecska et al., 2016; Kettner et al., 2021)
- Mantra work (Coder, 2017)
- Gratitude practice (Coder, 2017)
- Prayer (multiple)
- Tarot/Medicine (Westrum and Dufrechou, 2019)
- Sage/Smudging (Buller and Moore, 2019)
- Self-Awareness/Individuation practice (Ortigo, 2021)
- Astrology (Buller and Moore, 2019)
- Inner listening (Coder, 2017)
- Connect with spiritual mentor/community (Buller and Moore, 2019)
- Practice openness, presence, awareness (Coder, 2017)
- Exploring relationship with death (Westrum and Dufrechou, 2019)
- Reflect on elementals (Coder, 2017)
MOVEMENT/SOMATIC AND INTEGRATION


• Massage (multiple)
• Tai Chi (Coder, 2017; Bourzat and Hunter, 2019)
• OI Gong (Buller and Moore, 2019)
• Dance (multiple)
• Yoga (multiple)

• Walking in nature (multiple)
• Progressive Muscle Relaxation (Westrum and Dufrechou, 2019)
• Acupuncture (Buller and Moore, 2019)
• Acupuncture: Hiking, bicycling, sailing,

• Martial Arts (Coder, 2017; Bourzat and Hunter, 2019)

• Active movement: Hiking, bicycling, sailing,

• Sensory deprivation/Float Tank (Bourzat and Hunter, 2019)
• Sweat/Steam (Bourzat and Hunter, 2019)

• Walking in nature (multiple)
• Tai Chi (Coder, 2017; Bourzat and Hunter, 2019)
• OI Gong (Buller and Moore, 2019)
• Dance (multiple)
• Yoga (multiple)

• Drums (Kaufman and Mccamy, 2019)

• Active movement: Hiking, bicycling, sailing,

• Tai Chi (Coder, 2017; Bourzat and Hunter, 2019)
• OI Gong (Buller and Moore, 2019)
• Dance (multiple)
• Yoga (multiple)

• Drums (Kaufman and Mccamy, 2019)

• Active movement: Hiking, bicycling, sailing,

• Tai Chi (Coder, 2017; Bourzat and Hunter, 2019)
• OI Gong (Buller and Moore, 2019)
• Dance (multiple)
• Yoga (multiple)

• Drums (Kaufman and Mccamy, 2019)

• Active movement: Hiking, bicycling, sailing,
Mindfulness activities done with
Breathwork (Buller and Moore, 2019; Westrum and
Breathing techniques (multiple)
Body scan (Westrum and Dufrechou, 2019)

Mindfulness practice (Gandy et al., 2020)
Walking meditation (Westrum and Dufrechou, 2019)
Meditation (multiple)
Mindfulness practice (multiple)

https://doi.org/10.3389/fpsyg.2022.824077

Dream work (multiple)

- Interpreting symbols (multiple)
- Dream journaling (Ortigo, 2021)
- Shadow work (Westrum and Dufrechou, 2019)
- Dream work (multiple)

https://doi.org/10.3389/FPSYG.2022.824077

LOCAL INTEGRATION RESOURCES

• Active for anger, rage, frustration, and more:
  • Hatchet Jack's. Iowa City, IA, axe throwing.
  • Civil Axe Throwing. Cedar Rapids, IA, axe throwing.
  • Hurling Hatchet. Cedar Falls, IA, and Cedar Rapids, IA, axe throwing.
  • Patty's Pummel Palace. Moline, IL, rage room.
  • Brush and Barrell. Coralville, IA, splatter room.

• Contemplative, personal spirituality, for grief, loss, sadness and more:
  • Prairiewoods. Hiawatha, IA, contemplative activities, variety of retreats.
  • Our Lady of the Prairie Retreat. Wheatland, IA, multiple spiritual retreats.
  • Sisters of St. Benedict, St. Mary Monastery. Moline, IL, multiple spiritual retreats.
  • Maquoketa Caves State Park. Maquoketa, IA, seasonal exercise and exploring nature.

• Miscellaneous for the days ahead: antiquing, arboretum, aromatherapy, art therapy, bodywork (acupuncture, massage), camping, campfire, s'mores, city park, culinary creations, drum circle, energy healing (craniosacral, healing touch, reiki), exercise of all types, gardening, martial arts, meet with clergy/spiritual inspiration, meditation, puppys, personal mini retreat at home, photography, playing and creating music, quilting, shameric journey with percussion, mountain biking, tai chi, visit wise elders, watching funny movies and videos, waterpark, yoga.

• Linn County Resources. Johnson County Resources. Black Hawk County Resources. For 24/7 local support dial 988.

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Individuals may experience increased agitation or anxiety/panic attacks (12).

Emergence phenomena may continue to be a controversial substance due to what is termed ketamine emergence side effects, reportedly experienced by 30–40% of patients post-emergence phenomena, overexcitement, and behavior that appears irrational to others (11).

Emergence phenomena are also experienced at subanesthetic doses as low as 0.5 mg/kg. Other side effects at subanesthetic doses include memory recall and recognition, explicit and implicit memory impairment, and decreases in mental sharpness and concentration during or shortly after administration. Some emergence phenomena at subanesthetic doses include vivid imagery, a feeling of loss of reality, an out of body experience, a feeling of loss of reality, a feeling of being in a dissociative state or as having hallucinations, overexcitement, and behavior that appears irrational to others (11).
INTEGRATION THROUGHOUT THE KETAMINE EXPERIENCE


...Building of trust per the patient’s wishes.

- Inclusion of family and relationship members as treatment partners if they are involved in the patient’s treatment.
- Inclusion of outside treating therapists and possibility of additional sessions.

Collaboration between therapist and patient on the as integration, are essential components of KAP.

Follow-up and further processing, often referred to as the meaning-making process by the recipient.

The consolidation of the experience comes with

Observation reported...and a shift in self.

Ritual and the creation of a non-religious sacred setting enhance outcomes.

Conditions are ripe for it.

Altered consciousness—when the patient and the therapist are ripe for it.

Then comes the provision of the experience of internal healing released from usual struggles and obsessions—often awareness that occurs both consciously and as a

Observation reported...and a shift in self.

Conditions are ripe for it.

Altered consciousness—when the patient and the therapist are ripe for it.

Ritual and the creation of a non-religious sacred setting enhance outcomes.

...Building of trust per the patient’s wishes.
WHY DO WE NEED INTEGRATION WITH KETAMINE?

For many psychedelic users, ketamine is not just another tool in the therapeutic process. These are the experts for the ensuing therapeutic enactment of the journey itself.

Indeed, there are difficult experiences, and agitation may occur reflecting the return (and fear that one will not maintain) and a new appreciation of that connection. These are grist for the ensuing therapeutic process.

Love as connectedness as well as self-appreciation.

Can be disorienting.

Sensual—some feel the experience to have sexuality internally.

Appreciation.

May be emotional with highly positive affect.

Recall of experience is limited.

One may be entranced and happy there and never want to leave. Or long to escape, to return to my family...
Because of both the attendant danger and the positive potential of these crises, systems cannot be overemphasized. Therefore, the importance of understanding spiritual emergency and of developing comprehensive and effective approaches to its treatment and adequate support cannot be overemphasized.

Because of both the attendant danger and the positive potential of these crises, systems cannot be overemphasized. Therefore, the importance of understanding spiritual emergency and of developing comprehensive and effective approaches to its treatment and adequate support cannot be overemphasized.

In individuals undergoing an evolutionary crisis of this kind, pathological labels and insensitive use of various repressive measures, including the control of symptoms by medication, can interfere with the positive potential of the process and how to work with them and support them, personal and professional experience with non-ordinary states of consciousness is needed. Expert guidance from those who have people involved in spiritual emergency need expert guidance from those who have
FORMS OF SPIRITUAL EMERGENCY

- Possession states
- Experiences of close encounters with UFOs
- Near-death experiences
- Communication with spirit guides and "channeling"
- Past-life experiences
- The crisis of psychic opening
- Psychological renewal through return to the center
- Episodes of unitive consciousness (peak experiences)
- The awakening of Kundalini
- The shamanic crisis

EXAMPLES OF SPIRITUAL EMERGENCE

- Identifying and merging with other people, plants, animals, and other beings of nature.
- Communicating with ancestral spirits, spirit guides, and God.
- Communicating with angels, spirit guides, and God.
- Remembering of past incarnations and a past cosmic evolution.
- Remembering of past incarnations and ultimate reality.
- Feeling a oneness with the universe and God.
- Communicating with angels, spirit guides, and God.
- Remembering of a past cosmic evolution and ultimate reality.
- Feeling a oneness with the universe and God.
- Communicating with angels, spirit guides, and God.
- Communicating with ancestral spirits, spirit guides, and God.
- Communicating with angels, spirit guides, and God.
- Remembering of past incarnations and ultimate reality.
- Remembering of past incarnations and ultimate reality.
DIFFERENCES BETWEEN SPIRITUAL EMERGENCY AND SPIRITUAL EMERGENCE


• Inner experiences are dynamic, jarring, difficult to integrate.
• New spiritual insights may be philosophically challenging and threatening.
• Overwhelming influx of experiences and insights.
• Difficult experiences are overwhelming, often unwelcome.
• Sometimes difficult to distinguish between internal and external experiences, or simultaneous occurrence of both.
• New spiritual insights are welcome, desirable, expansive.
• Inner experiences are fluid, mild, easy to integrate.
• Communicate when communicating about process (when, how, with whom).
• Frequent urgent need to discuss experiences.
• Positive experiences are difficult to accept and undeserved, can be painful.
• Difficult experiences are overwhelming, often unwelcome.
• Ambivalence toward inner experiences, but willingness and ability to cooperate with them.
• Abrupt, rapid shift in perception of self and world.
• Expectant attitude toward change.
• Resistance to change.
• Need to be in control.
• Dislike, mistrust of the process.
• Difficult experiences are overwhelming, often unwelcome.
• Ambivalence toward inner experiences, but willingness and ability to cooperate with them.
• Slow, gradual change in awareness of self and world.
• Ease in incorporating non-ordinary states of consciousness into daily life.
• Ease in incorporating non-ordinary states of consciousness into daily life.
• Slow, gradual shift in perception of self and world.
• Expectant attitude toward change.
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• Need to be in control.
• Dislike, mistrust of the process.
• Difficult experiences are overwhelming, often unwelcome.
Differentiation between psychiatric disorders and spiritual emergence

Clinical examination and laboratory tests detect a physical disease that causes psychological changes

- Deep involvement in the inner process might be a problem
- Ability to communicate and cooperate (occasional, occasional, occasional)
- Orientation, coordination not seriously impaired
- Intuition, consciousness usually clear, good basic orientation and memory qualitatively changed but intact

Impeachment

Negative results of psychological tests for organic impairment

Laboratory tests for pathological process affecting the brain

Negative results of clinical examinations and laboratory tests for a physical disease

Negative results of clinical examinations and laboratory tests detect a physical disease that causes psychological changes

- Confusion, disorganization, and defective orientation (name, time, place, poor coordination)
- Consciousness problems with basic orientation
- Impairment of intellect and memory, clouded consciousness
- Intellectual functioning interferes with communication and cooperation

Negative results of clinical examinations and laboratory tests for pathological process affecting the brain

Specific psychological tests detect organic impairment

Laboratory tests for pathological process affecting the brain

Negative results of clinical examinations and laboratory tests detect a physical disease that causes psychological changes

- Intellectual, intellectual changes (neurological reflexes, cerebrospinal fluid, x-ray, etc.)
- Psychosocial changes, psychological changes

Spiritual Emergence

Medical/Psychiatric

DIFFERENTIATION BETWEEN PSYCHIATRIC DISORDERS AND SPIRITUAL EMERGENCE


<table>
<thead>
<tr>
<th>Spiritual Emergence</th>
<th>Medical/Psychiatric</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good cooperation in things related to physical health on the basic maintenance.</td>
<td>Behavior endangering health and causing serious concerns (refusal to eat or drink).</td>
</tr>
<tr>
<td>Adequate pre-episode functioning as evidenced by interpersonal skills.</td>
<td>Involuntary and a tendency to act on them without warning.</td>
</tr>
<tr>
<td>Sufficient trust to accept help and cooperate; persecution delusions and &quot;voices&quot; absent.</td>
<td>Violations of basic rules of therapy (&quot;not to hurt oneself or anybody else, not to destroy property&quot;, destructive and self-destructive suicidal or self-multilithing).</td>
</tr>
<tr>
<td>Ability to relate and cooperate, often even during episodes of dramatic synchronicities (evident to others).</td>
<td>Basic mistrust, perception of the world and all people as hostile, delusions of persecution, persecutory hallucinations of enemies (&quot;voices&quot; with a very unpleasant content).</td>
</tr>
<tr>
<td>Ability to relate to reality, distinguish between the inner and the outer, &quot;owning&quot; the process, ability to keep it internalized.</td>
<td>Inability to see the process as an intrapsychic affair, confusion between the inner experiences and the outer world, excessive use of projection and blaming, &quot;acting out&quot;.</td>
</tr>
<tr>
<td>No social and psychological history: no serious psychiatric illness.</td>
<td>Artistic withdrawal, aggressivity, or controlling and manipulative behavior.</td>
</tr>
<tr>
<td>Adequate pre-episode functioning as evidenced by interpersonal skills.</td>
<td>Association, incoherence.</td>
</tr>
<tr>
<td>Good cooperation in things related to physical health on the basic maintenance.</td>
<td>Severe emotional disorganization or psychological dysfunction, lack of meaningful change of any kind, no indication of direction of development, loosening of reference system, inability to make friends and have an intimate sexual relationship, poor social adjustment.</td>
</tr>
<tr>
<td>Adequate pre-episode functioning as evidenced by interpersonal skills.</td>
<td>Poor cooperation in things related to health on the basic maintenance.</td>
</tr>
<tr>
<td>Good cooperation in things related to physical health on the basic maintenance.</td>
<td>No social and psychological history: no serious psychiatric illness.</td>
</tr>
</tbody>
</table>

For prolonged periods of time, neglect of basic hygiene rules:

- Involuntary and a tendency to act on them without warning.
- Violations of basic rules of therapy ("not to hurt oneself or anybody else, not to destroy property", destructive and self-destructive suicidal or self-multilithing).
- Basic mistrust, perception of the world and all people as hostile, delusions of persecution, persecutory hallucinations of enemies ("voices" with a very unpleasant content).
- Inability to see the process as an intrapsychic affair, confusion between the inner experiences and the outer world, excessive use of projection and blaming, "acting out".
- Artistic withdrawal, aggressivity, or controlling and manipulative behavior.
- Association, incoherence.
- Severe emotional disorganization or psychological dysfunction, lack of meaningful change of any kind, no indication of direction of development, loosening of reference system, inability to make friends and have an intimate sexual relationship, poor social adjustment.
SPIRITUAL EMERGENCY SCALE

- 30 YES/NO QUESTIONS


DATASET. HTTPS://DOI.ORG/10.1037/T33374-000

Categories:
- Dark night of the soul
- Central Archetype
- Psychosis
- Possession
- Past Life
- Kundalini
- Shamanic Crisis
- Psychic Opening
- Peak Mystical/Unitive

Outcomes:
- Predicts Spiritual Emergency
- Use of medication
- Prescription of medication
- Predicts Psychosis
- Diagnosis of Psychosis
- Supportive helpers/setting can buffer challenging. Psychosis v. Spiritual Emergency is challenging.

Supportive helpers/setting can buffer psychosis.
SPIRITUAL EMERGENCY SCREENING INSTRUMENT (SESI)

• 1. Description and brief history of presenting issue including patient's perception of this as a spiritual issue.
• 2. Is there a known catalyst for the current issue, i.e., psychedelics, meditation practice, trauma, loss, childbirth, etc. or unknown, may be speculative.
• 3. Treatment history, what has worked/not worked, include mental health diagnosis.
• 4. Have medical conditions been ruled out? Do they have medical conditions that may affect or need to be addressed as part of treatment?
• 5. Medications, current, effectiveness.
• 6. History of drug use, recovery issues.
• 7. How is this patient able/willing to see the process as an interior process, not something that is being done to them?
• 8. What are the patient's relationships like? Family, friends, significant others attitude towards the current condition.
• 9. Are they involved in any support groups, list and describe.
• 10. Any suicidal thoughts, history of attempts, (if yes, are they able to see this as an interior process and have the willingness to work it out instead of acting on it?)

II. Paranoid, projection and visionary auditory issues that prohibit forming a therapeutic relationship with treatment staff.
• a. Systematic use of projection or disowning one's inner experience
• b. Severe paranoid states, hostile auditory hallucinations
• c. Delusions of persecution
• d. Inability to form a therapeutic alliance

II. Any sexual thoughts, history of efforts to act on them, ability to see this as an interior process and have the willingness to work it out instead of acting on it.
13. A willingness to explore, even though there is often significant psychological discomfort, the content and processes of their inner experiences.

14. What are the patient’s responses to the possibility that symptoms may increase as part of the healing? Are they willing to work with this possibility as part of the set and setting?

15. Do they have a fundamental understanding of the state of their affairs, related to their psyche?

16. What fears do they have about what they are experiencing? Mild, Moderate, or Severe?

17. What category or categories may describe the experiences they are having?

   a. Unitive/Peak/Nondual experiences
   b. Kundalini
   c. NDE
   d. Transcendence of spatial/temporal limits
   e. Dark night of the soul
   f. Renewal through return to the center
   g. Shamanic crisis
   h. Psychic phenomena
   i. Spirits, Deities and Demons
   j. Archetypes
   k. UFO Sessions

18. What resources do they have to assist them, i.e. family, friends, community, groups?

19. Are they willing to commit to the time frames required? 2-3 weeks

20. Do they have the financial resources?

21. When would they be able to start? Any barriers that need to be resolved?
a treatment plan requires proficiency rather than basic competency.

Researchers support determining how and when to include S/R/T interventions into
are centrally positioned in a broader framework than is currently available.
life events such as SE(y) may need to explain their experiences in spiritual terms that
beyond current Western models of treatment...Those who survive stressful

"This book has attempted to define and differentiate SE(y) and psychoses, extending
seen in a paperback.
The most thorough review of spiritual emergency and emergence that I have ever
Dozens of ratings scales and checklists
Hundreds of references

THE CLINICIAN'S GUIDE TO SPIRITUAL EMERGENCE
The peer case consultation model is recommended by many psychedelic and breathwork training programs.

Ethical vulnerabilities are viewed through the lens of the chakras.

The ideal group size is 5-12, meeting every 2 weeks.

The Ethics of Caring, is the latest edition from 2017.

Training 101, 102, and 103 (the case consultation training) are available in a bundle at Psychedelic.Support.

Taylor’s materials are available with APA CE at Psychedelic.Support.

Find any podcast or YouTube interview you can find. She is a true gem.

The peer case consultation model is recommended by many psychedelic and breathwork programs.

KYLEA TAYLOR

PEER CASE CONSULTATION

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LEARNING OBJECTIVES:

• Understanding of current legal use, FDA indications, and DEA status, and an up-to-date review of current legal use, FDA indications, DEA status, and up-to-date knowledge.

• Three energy modalities that have literature supporting their use as integration methods with psychedelic sessions.

• Specialized training, including working with spiritual emergence and spiritual emergencies, is necessary when providing integration support for psychedelic sessions.

• Specialized training, including working with spiritual emergence and spiritual emergencies, is necessary when providing integration support for psychedelic sessions.
PSYCHEDELIC TRAINING PROGRAMS LIST

• ACER (Dr. Rosalind Watts program, one year)
• CIIS (Affiliated with MAPS program, one year)
• Fluence (Six-week core certificate program with additional short courses)
• Integrative Psychiatric Institute (Offers a fifty-hour ketamine administration program, and a one-year certification program with intensives with ketamine, psilocybin, and MDMA (affiliated with MAPS))
• Ketamine Academy (Thirty-hour training program for ketamine administration)
• Ketamine Training Center (Thirty-hour training program for ketamine)
• Lycos Therapeutics (Pharmaceutical company making the MDMA product that may be approved 8/24. They are developing a training program as the medication will require accompanying psychotherapy).
• Numinus (Short certificate programs in ketamine, psilocybin, and MDMA)
• Psychedelic Medicine Association (Short courses)
• Psychedelics Today (One-year certification with the Vital program and short courses)
• Psychedelic Support (Short courses)
• Psychedelics Today (One-year certification with the Vital program and short courses)
• Psychedelic Training Program (Short courses)
• Polaris (One-year certification and advanced modules)
• Precision (Short certificate programs in ketamine, psilocybin, and MDMA)
• Training for spiritual cultural competency and spiritual emergence/emergency:
  • American Center for the Integration of Spiritually Transformative Experiences
  • center for spiritual emergence
  • Grady B. Jefferys, Jr., PhD program (he has retired)
  • Spiritual Competency Academy
  • Spiritual Emergence Academy (Six-week core certificate program with additional short courses)
  • Skills (Or, Hoskin's Wolds program, one year)
REFERENCES


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REFERENCES


Jiang, C., Dileone, R., & Pittenger, C. A. (2024). The endogenous opioid system in the medial prefrontal cortex mediates ketamine’s antidepressant-like actions. Translational Psychiatry, 7(4). Hitps://doi.org/10.1038/s41398-024-02796-0.


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