Contents

Series Preface

Tony Rousmaniere and Alexandre Vaz

We are pleased to introduce the Essentials of Deliberate Practice series of training books. We are developing this book series to address a specific need that we see in many psychology training programs. The issue can be illustrated by the training experiences of Mary, a hypothetical second-year graduate school trainee. Mary has learned a lot about mental health theory, research, and psychotherapy techniques. Mary is a dedicated student; she has read dozens of textbooks, written excellent papers about psychotherapy, and receives near-perfect scores on her course exams. However, when Mary sits with her clients at her practicum site, she often has trouble performing the therapy skills that she can write and talk about so clearly. Furthermore, Mary has noticed herself getting anxious when her clients express strong reactions, such as getting very emotional, hopeless, or skeptical about therapy. Sometimes this anxiety is strong enough to make Mary freeze at key moments, limiting her ability to help those clients.

During her weekly individual and group supervision, Mary's supervisor gives her advice informed by empirically supported therapies and common factor methods. The supervisor often supplements that advice by leading Mary through role-plays, recommending additional reading, or providing examples from her own work with clients. Mary, a dedicated supervisee who shares tapes of her sessions with her supervisor, is open about her challenges, carefully writes down her supervisor's advice, and reads the suggested readings. However, when Mary sits back down with her clients, she often finds that her new knowledge seems to have flown out of her head, and she is unable to enact her supervisor's advice. Mary finds this problem to be particularly acute with the clients who are emotionally evocative.

Mary's supervisor, who has received formal training in supervision, uses supervisory best practices, including the use of video to review supervisees' work. She would rate Mary's overall competence level as consistent with expectations for a trainee at Mary's developmental level. But even though Mary's overall progress is positive, she experiences some recurring problems in her work. This is true even though the supervisor is confident that she and Mary have identified the changes that Mary should make in her work.

The problem with which Mary and her supervisor are wrestling—the disconnect between her knowledge about psychotherapy and her ability to reliably perform psychotherapy—is the focus of this book series. We started this series because most ther-

apists experience this disconnect, to one degree or another, whether they are beginning trainees or highly experienced clinicians. In truth, we are all Mary.

To address this problem, we are focusing this series on the use of deliberate practice, a method of training specifically designed for improving reliable performance of complex skills in challenging work environments (Rousmaniere, 2016, 2019; Rousmaniere et al., 2017). Deliberate practice entails experiential, repeated training with a particular skill until it becomes automatic. In the context of psychotherapy, this involves two trainees role-playing as a client and a therapist, switching roles every so often, under the guidance of a supervisor. The trainee playing the therapist reacts to client statements, ranging in difficulty from beginner to intermediate to advanced, with improvised responses that reflect fundamental therapeutic skills.

To create these books, we approached leading trainers and researchers of major therapy models with these simple instructions: Identify 10 to 12 essential skills for your therapy model where trainees often experience a disconnect between cognitive knowledge and performance ability—in other words, skills that trainees could write a good paper about but often have challenges performing, especially with challenging clients. We then collaborated with the authors to create deliberate practice exercises specifically designed to improve reliable performance of these skills and overall responsive treatment (Hatcher, 2015; Stiles et al., 1998; Stiles & Horvath, 2017). Finally, we rigorously tested these exercises with trainees and trainers at multiple sites around the world and refined them based on extensive feedback.

Each book in this series focuses on a specific therapy model, but readers will notice that most exercises in these books touch on common factor variables and facilitative interpersonal skills that researchers have identified as having the most impact on client outcome, such as empathy, verbal fluency, emotional expression, persuasiveness, and problem focus (e.g., Anderson et al., 2009; Norcross et al., 2019). Thus, the exercises in every book should help with a broad range of clients. Despite the specific theoretical model(s) from which therapists work, most therapists place a strong emphasis on pantheoretical elements of the therapeutic relationship, many of which have robust empirical support as correlates or mechanisms of client improvement (e.g., Norcross et al., 2019). We also recognize that therapy models have already-established training programs with rich histories, so we present deliberate practice not as a replacement but as an adaptable, transtheoretical training method that can be integrated into these existing programs to improve skill retention and help ensure basic competency.

About This Book

The 11th book in the Essentials of Deliberate Practice series is on psychedelic-assisted therapy (PAT). PAT training combines the study of theory, hands-on experiential learning, expert supervision, personal experience with psychedelic medicines, and the development of self-awareness. Experiential training involves trainees taking the role of both client and therapist, while the "client" works on personal material. Trainees often find the experiential component to be particularly potent and humbling because the therapeutic approach is experienced in a bottom-up, hands-on manner from the inside out.

Deliberate practice is intended as an additional piece designed to enhance this rich training tradition. Practice of skills set forth in this book can allow trainees to have the skills at their fingertips. Ideally, deliberate practice can help therapists integrate the core skills into their repertoire, allowing them to access needed skills in a flexible and authentic manner in response to the client context. The skills set forth in this book are the basic

skills for PAT; they are not intended to be holistic or comprehensive. Deliberate practice is not intended to be the only training format through which PAT skills are acquired. It is vital for PAT practitioners to embrace a lifelong commitment to learning, personal growth, and receiving feedback from elders. Mentorship holds significant importance when working with psychedelic medicines, where unpredictability and ambiguity often arise. Enjoy your learning—enjoy the process!

Thank you for including us in your journey toward psychotherapy expertise. Now let's get to practice!

CHAPTER 1

Introduction and Overview of Deliberate Practice and Psychedelic-Assisted Therapy

Welcome to the world of psychedelic-assisted therapy (PAT). The goal of this book is to help therapists acquire and refine the fundamental skills necessary to be effective in helping clients with PAT. Psychedelics have been used by Indigenous and religious traditions around the world for millennia (e.g., Grof, 2019; McKenna, 1993; Schultz et al., 2011). For example, there is evidence to suggest that the use of psychedelics was an instrumental part of early Buddhist, Christian, Greek, and Hindu traditions (e.g., Crowley & Shulgin, 2019; Muraresku, 2020). More recently, the modern field of PAT has been influenced by three large bodies of knowledge. The first, and oldest, are Indigenous cultures that use psychedelic medicines in a ceremonial context for healing, community, and spiritual purposes (e.g., Grof, 2019; R. Harris, 2017; Metzner, 2015). The second body of knowledge that influenced PAT comes from practitioners, mostly in the United States and Europe between the 1950s and 1990s, including psychotherapists, physicians, religious clergy, and anthropologists (e.g., Fadiman, 2011; Harner, 1990; Richards, 2015; Shulgin & Shulgin, 1990, 2002; H. Smith, 1964; Stolaroff, 1994, 2020). Third, and most recently, PAT has been informed by a wave of clinical research performed since the mid-1990s (e.g., Mithoefer et al., 2016; Nutt & Carhart-Harris, 2021). For example, since 1996, more than 50 randomized clinical trials and nine meta-analyses have been published on clinical applications of psilocybin (Oregon Psilocybin Evidence Review Writing Group, 2021; Rush et al., 2022).

Due to the multifaceted roots of PAT, we aspire to cultivate a "relationally informed" approach to learning and teaching that views knowledge as more than an object to be used but rather as a dynamic relationship to be fostered. We aim to honor the interconnectedness of knowledge and the cultural roots and communities from which it emerges. Without a relational approach to knowledge application, there is a risk of cultural appropriation, where knowledge is taken out of its relational and cultural context for personal gain (Celidwen et al., 2023). Seeking consent from Indigenous cultures when integrating their teachings into our practice is an act of honoring the knowledge sharer, who is also the knowledge keeper. By seeking permission, we

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Deliberate Practice in Psychedelic-Assisted Therapy, by S. Dames, A. Penn, M. Williams, J. A. Zamaria, T. Rousmaniere, and A. Vaz

demonstrate acknowledgment and respect for the original holders of that knowledge (e.g., Celidwen et al., 2023).

It is vital for PAT practitioners to embrace a lifelong commitment to learning and personal growth. This commitment is reinforced by practicing research-informed approaches and receiving the invaluable support of mentorship. Mentorship holds significant importance when working with psychedelic medicines, where unpredictability and ambiguity often arise (e.g., Shulgin & Shulgin, 1990, 2002). In most Indigenous cultures, individuals aspiring to facilitate medicine-assisted healing undergo extensive training, supervision, and mentorship spanning many years to attain competency (e.g., Metzner, 2015). Likewise, learning to provide PAT requires developing personal and professional awareness, regulation skills, intuitive capacities, empathic development, somatic approaches, a multicultural orientation, and the confidence to navigate a wide range of challenging situations (e.g., Stolaroff, 2020). It is crucial for Western-trained practitioners to approach this training with humility and recognize themselves as novices in this field for a significant period of time. Completing a training program does not equate to practice competency or readiness. Instead, these activities provide an introduction to the field, a foundation in core skills that are critical for safety, and a path for ongoing skill development to gain proficiency over time. Experiential training also provides an opportunity to explore one's reactions to the strong emotional content often present in PAT (Shulgin, 2019), which can help practitioners develop the "person of the therapist" and inner skills of psychotherapy (e.g., Aponte & Kissil, 2016; Rousmaniere, 2019). To set realistic expectations and support trainees in continuous learning and skill development, we strongly recommend the creation of a comprehensive plan for continuous education and mentorship as an integral component of their PAT training.

Overview of the Deliberate Practice Exercises

The main focus of the book is a series of 14 exercises for PAT skills. The first 12 exercises each represent an essential PAT skill. The last two exercises are more comprehensive, consisting of an annotated transcript and improvised mock therapy sessions that teach practitioners how to integrate all these skills into more expansive clinical scenarios. Table 1.1 presents the 12 skills that are covered in these exercises.

Throughout all the exercises, trainees work in pairs under the guidance of a supervisor and role-play as a client and a therapist, switching back and forth between the

TABLE 1.1. The 12 Psychedelic-Assisted Therapy Skills Presented in the Deliberate Practice Exercises

Beginner Skills	Intermediate Skills	Advanced Skills
1. Redirecting to the body	5. Boundaries and informed consent	9. Navigating strong emotions
2. Compassionately witnessing strong emotions	6. Responding to relational ruptures	10. Making sense of the experience: integration I
3. Exploring intentions and expectations	7. Working with the client's internal conflict	11. Working with disappointment: integration II
4. Cultural considerations: racially and ethnically diverse communities	8. Addressing transference	12. Embodying insights: integration III

two roles. Each of the 12 skill-focused exercises consists of multiple client statements grouped by difficulty—beginner, intermediate, and advanced—that calls for a specific skill. For each skill, trainees are asked to read through and absorb the description of the skill, its criteria, and some examples of it. The trainee playing the client then reads the statements, which present potentially challenging conversations and situations that can emerge in the process of PAT. The trainee playing the therapist then responds in a way that demonstrates the appropriate skill. Trainee therapists will have the option of practicing a response using the one supplied in the exercise or immediately improvising and supplying their own.

After each client statement and therapist response couplet is practiced several times, the trainees will stop to receive feedback from the supervisor. Guided by the supervisor, the trainees are instructed to try statement–response couplets several times, working their way down the list. In consultation with the supervisor, trainees will go through the exercises, starting with the least challenging and moving through to more advanced levels. The dyad (client–therapist) or the triad (supervisor–client–therapist) will have the opportunity to discuss whether exercises present too much or too little challenge and adjust up or down depending on the assessment.

Trainees, potentially in consultation with supervisors, can decide which skills they wish to work on and for how long. On the basis of our testing experience, we have found that practice sessions last about 1 to 1.25 hours to receive maximum benefit. After this, trainees become saturated and need a break.

Ideally, PAT learners will both gain confidence and achieve competence by practicing these exercises. Competence is defined here as the ability to perform a PAT skill in a manner that is flexible and responsive to the client. Skills have been chosen that are considered essential to PAT and that practitioners often find challenging to implement.

The skills identified in this book are not comprehensive in the sense of representing all one needs to learn to become a competent PAT clinician. Some will present particular challenges for trainees. A short history of PAT and a brief description of the deliberate practice methodology is provided to explain how we have arrived at the union between them.

The Goals of This Book

The primary goal of this book is to provide an introduction to core PAT skills. The expression of that skill or competency may look somewhat different across clients or even within session with the same client.

The PAT deliberate practice exercises are designed to achieve the following:

1. Help PAT therapists develop the ability to apply the skills in a range of clinical situations.
2. Provide PAT therapists with an opportunity to observe and explore their emotional reactions to the strong emotional content often present in PAT.
3. Move the skills into procedural memory, so that PAT therapists can access them even when they are tired, stressed, overwhelmed, or discouraged.
4. Provide PAT therapists in training with an opportunity to exercise each particular skill using a style and language that is congruent with who they are.
5. Provide the opportunity to use the PAT skills in response to varying client statements and affect. This is designed to build confidence to adopt skills in a broad range of circumstances within different client contexts.

6. Provide PAT therapists in training with many opportunities to fail and then correct their failed response based on feedback. This helps build confidence and persistence.

Finally, this book aims to help trainees discover their own personal learning style so that they can continue their professional development long after their formal training is concluded.

Who Can Benefit From This Book?

This book is designed to be used in multiple contexts, including graduate-level courses, supervision, postgraduate training, and continuing education programs. It assumes the following:

1. The trainer is knowledgeable about and competent in PAT.
2. The trainer can provide good demonstrations of how to use PAT skills across a range of therapeutic situations, via role-play and/or video, or that the trainer has access to examples of PAT being demonstrated by others through video examples.
3. The trainer can provide feedback to students regarding how to craft or improve their application of PAT skills.
4. Trainees will have accompanying reading, such as books and articles, that explain the theory, research, and rationale of PAT and each particular skill. Recommended reading for each skill is provided in the sample syllabus (Appendix C).

The deliberate practice exercise format covered in this book series was piloted in training sites from 16 countries across four continents (North America, South America, Europe, and Asia). This book is designed for trainers and trainees from different cultural backgrounds worldwide.

This book is also designed for those who are training at all career stages, from beginning trainees, including those who have never worked with real clients, to seasoned therapists. All exercises feature guidance for assessing and adjusting the difficulty to target precisely the needs of each individual learner. The term "trainee" in this book is used broadly, referring to anyone in the field of professional mental health who is endeavoring to acquire PAT psychotherapy skills.

Deliberate Practice in Psychotherapy Training

How does one become an expert in their professional field? What is trainable, and what is simply beyond our reach, due to innate or uncontrollable factors? Questions such as these touch on our fascination with expert performers and their development. A mixture of awe, admiration, and even confusion surround people such as the artists Mozart, Mary Cassat, Leonardo da Vinci, or more contemporary top performers such as the painter Frida Kahlo, basketball legend Michael Jordan, and chess virtuoso Garry Kasparov. What accounts for their consistently superior professional results? Evidence suggests that the amount of time spent on a particular type of training is a key factor in developing expertise in virtually all domains (Ericsson & Pool, 2016). "Deliberate practice" is an evidence-based method that can improve performance in an effective and reliable manner.

The concept of deliberate practice has its origins in a classic study by K. Anders Ericsson and colleagues (1993). They found that the amount of time practicing a skill and

the quality of the time spent doing so were key factors predicting mastery and acquisition. They identified five key activities in learning and mastering skills: (a) observing one's own work, (b) getting expert feedback, (c) setting small incremental learning goals just beyond the performer's ability, (d) engaging in repetitive behavioral rehearsal of specific skills, and (e) continuously assessing performance. Ericsson and his colleagues termed this process deliberate practice, a cyclical process that is illustrated in Figure 1.1.

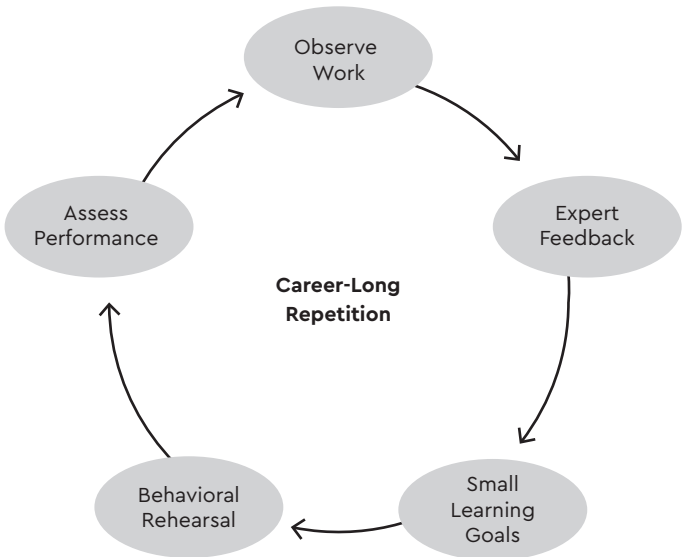
Research has shown that lengthy engagement in deliberate practice is associated with expert performance across a variety of professional fields, such as medicine, sports, music, chess, computer programming, and mathematics (Ericsson et al., 2018). People may associate deliberate practice with the widely known "10,000-hour rule" popularized by Malcolm Gladwell in his 2008 book *Outliers*, although the actual number of hours required for expertise varies by field and by individual (Ericsson & Pool, 2016). This, however, perpetuated two misunderstandings.

The first is that this is the number of deliberate practice hours that everyone needs to attain expertise, no matter the domain. In fact, there can be considerable variability in how many hours are required.

The second misunderstanding is that engagement in 10,000 hours of work performance will lead one to become an expert in that domain. This misunderstanding holds considerable significance for the field of psychotherapy, where hours of work experience with clients has traditionally been used as a measure of proficiency (Rousmaniere, 2016). Research suggests that the amount of experience alone does not predict therapist effectiveness (Goldberg et al., 2016). It may be that the quality of deliberate practice is a key factor.

Psychotherapy scholars, recognizing the value of deliberate practice in other fields, have called for deliberate practice to be incorporated into training for mental health professionals (e.g., Bailey & Ogles, 2019; Hill et al., 2020; Rousmaniere et al., 2017; Taylor & Neimeyer, 2017; Tracey et al., 2015). There are, however, good reasons to question

FIGURE 1.1. Cycle of Deliberate Practice



Note. From *Deliberate Practice in Emotion-Focused Therapy* (p. 7), by R. N. Goldman, A. Vaz, and T. Rousmaniere, 2021, American Psychological Association (https://doi.org/10.1037/0000227-000). Copyright 2021 by the American Psychological Association.

analogies made between psychotherapy and other professional fields, like sports or music, because by comparison psychotherapy is so complex and free form. Sports have clearly defined goals, and classical music follows a written score. In contrast, the goals of psychotherapy shift with the unique presentation of each client at each session. Therapists do not have the luxury of following a score.

Instead, good psychotherapy is more like improvisational jazz (Noa Kageyama, cited in Rousmaniere, 2016). In jazz improvisations, a complex mixture of group collaboration, creativity, and interaction are coconstructed among band members. Like psychotherapy, no two jazz improvisations are identical. However, improvisations are not a random collection of notes. They are grounded in a comprehensive theoretical understanding and technical proficiency that is only developed through continuous deliberate practice. For example, prominent jazz instructor Jerry Coker (1990) listed 18 skill areas that students must master, each of which has multiple discrete skills including tone quality, intervals, chord arpeggios, scales, patterns, and licks. In this sense, more creative and artful improvisations are actually a reflection of a previous commitment to repetitive skill practice and acquisition. As legendary jazz musician Miles Davis put it, "You have to play a long time to be able to play like yourself" (Cook, 2005, p. 112).

The main idea that we would like to stress here is that we want deliberate practice to help PAT therapists become themselves. The idea is to learn the skills so that you have them on hand when you want them. Practice the skills to make them your own. Incorporate those aspects that feel right for you. Ongoing and effortful deliberate practice should not be an impediment to flexibility and creativity. Ideally, it should enhance it. We recognize and celebrate that psychotherapy is an ever-shifting encounter and by no means want it to become or feel formulaic. Strong PAT therapists mix an eloquent integration of previously acquired skills with properly attuned flexibility. The core PAT responses provided are meant as templates or possibilities, rather than "answers." Please interpret and apply them as you see fit, in a way that makes sense to you. We encourage flexible and improvisational play!

Simulation-Based Mastery Learning

Deliberate practice uses simulation-based mastery learning (Ericsson, 2004; McGaghie et al., 2014). That is, the stimulus material for training consists of "contrived social situations that mimic problems, events, or conditions that arise in professional encounters" (McGaghie et al., 2014, p. 375). A key component of this approach is that the stimuli being used in training are sufficiently similar to real-world experiences, so that they provoke similar reactions. This facilitates *state-dependent learning*, in which professionals acquire skills in the same psychological environment where they will have to perform the skills (R. P. Fisher & Craik, 1977). For example, pilots train with flight simulators that present mechanical failures and dangerous weather conditions, and surgeons practice with surgical simulators that present medical complications. Training in simulations with challenging stimuli increases professionals' capacity to perform effectively under stress. For the psychotherapy training exercises in this book, the "simulators" are typical client statements that might actually be presented in the course of therapy sessions and call upon the use of the particular skill.

Declarative Versus Procedural Knowledge

Declarative knowledge is what a person can understand, write, or speak about. It often refers to factual information that can be consciously recalled through memory and often

acquired relatively quickly. In contrast, procedural learning is implicit in memory; it "usually requires *repetition of an activity*, and associated learning is demonstrated through *improved task performance*" (Koziol & Budding, 2012, p. 2694, emphasis added). *Procedural knowledge* is what a person can perform, especially under stress (Squire, 2004). There can be a wide difference between their declarative and procedural knowledge. For example, an "armchair quarterback" is a person who understands and talks about athletics well but would have trouble performing it at a professional level. Likewise, most dance, music, or theater critics have a very high ability to write about their subjects but would be flummoxed if asked to perform them.

The sweet spot for deliberate practice is the gap between declarative knowledge, which tends to be limited to what we can memorize, and requires conscious effort to practically apply, and procedural knowledge, which reflects embodied ways of knowing, enabling ease of application. As we develop expertise, we develop more embodied knowledge. In other words, effortful practice should target those skills that the trainee could write a good paper about but would have trouble actually performing with a real client. We start with declarative knowledge, learning skills theoretically and observing others perform them. Once learned, with the help of deliberate practice, we work toward the development of procedural learning, with the aim of therapists having "automatic" access to each of the skills that they can pull on when necessary. This automatic access neutralizes the effort and nerves associated with completing unfamiliar tasks in the PAT session, enabling us to direct our attention to the relational process.

Psychedelic-Assisted Therapy

PAT is showing great promise in the treatment of mental health issues and in the promotion of wellness (e.g., Nutt & Carhart-Harris, 2021; Rush et al., 2022). The focus of this book is clinical training in PAT. However, clinical practice with psychedelic medicines currently takes place in the context of a shifting legal landscape and considerable public misinformation regarding psychedelics (e.g., Hart, 2022; Nutt, 2022). It is important for therapists to understand this context because clients will often present with related questions or concerns. Thus, in the following section, we present a brief review of this area.

From the 1950s to 1970s, early research on the use of psychedelics suggested that they had potential to benefit clinical treatment, personal growth, and human flourishing (e.g., Grof, 2019). This promising area of clinical research was shut down in the late 1960s when President Richard Nixon adopted the "war on drugs" as part of his political reelection strategy.[1] Popular media ran numerous reports about salacious psychedelic scandals, many of which have been proven false or exaggerated (Nutt, 2022; for a review, see Schlag et al., 2022). In 1971, Nixon declared drug abuse "public enemy number one" and established the agency that later became the Drug Enforcement

1. In a 1994 interview with journalist Dan Baum (2016), John Ehrlichman, who served as President Richard Nixon's assistant for domestic affairs, made the following remarks: "The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiwar left and Black people. You understand what I'm saying? We knew we couldn't make it illegal to be either against the war or Blacks, but by getting the public to associate the hippies with marijuana and Blacks with heroin and then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news. Did we know we were lying about the drugs? Of course, we did."

Administration (DEA). Almost all clinical research in psychedelics was shut down due to DEA regulations and stigma regarding psychedelics, partially a result of misinformation disseminated from Western governments (Hart, 2022; Nutt, 2022). However, this early period should not be romanticized because there were also a number of harmful psychedelic research studies and abusive treatments that were occurring at this time, underscoring the need for better approaches and ethical standards (e.g., Strauss et al., 2021).

In the mid-1990s, a new wave of clinical research on psychedelics began (e.g., Nutt & Carhart-Harris, 2021). At the time of this writing, at least eight major hospitals and research universities have created departments specifically dedicated to the study of psychedelic medicines, including Imperial College of London, Johns Hopkins, Massachusetts General Hospital, Mount Sinai, New York University, University of Wisconsin–Madison, and University of California–Los Angeles (e.g., Zarley, 2019). In the past 2 decades, researchers at these institutions have published a large body of peer-reviewed research demonstrating that psychedelic medicines can be effective (e.g., Rush et al., 2022) and safe when performed in the right context and with the appropriate training (e.g., Breeksema et al., 2022; Schlag et al., 2022). On the basis of the results of randomized, controlled trials, the U.S. Food and Drug Administration (FDA; n.d.) has declared both psilocybin and MDMA to be "breakthrough therapies," described as "a significantly improved safety profile compared with available therapy (e.g., less dose-limiting toxicity for an oncology agent), with evidence of similar efficacy." Psychedelic experiences have been found to increase well-being (e.g., Mans et al., 2021), and study participants commonly rate their psychedelic-healing experiences, despite often being challenging, as some of the most profoundly important experiences in their lives (e.g., Griffiths et al., 2006).

Despite this rise in clinical research, legal prohibition has made PAT hard to access, especially for Black and Indigenous peoples, people of color, low-income, and rural communities (e.g., Rea & Wallace, 2021; D. T. Smith et al., 2022). Veteran-advocacy groups that connect military veterans with PAT services to treat posttraumatic stress disorder must send their clients on expensive trips out of the country to receive treatment (e.g., https://heroicheartsproject.org/; https://vetsolutions.org/). Likewise, both media and government sources continue to disseminate misinformation about psychedelics. For example, as of this writing, the DEA lists psilocybin, LSD, and MDMA as "Schedule 1" drugs, which is defined as having "no currently accepted medical use" (U.S. DEA, n.d.), despite all the prior cited research. Marks (2021) noted, "Psilocybin has now been administered to more research subjects than some FDA-approved psychiatric medications." The DEA's stance on psychedelics is particularly puzzling given that highly addictive drugs that have caused widespread human suffering have been allowed to flourish, such as alcohol and opioids (Nutt, 2022).

How PAT Works

PAT works by reorienting the patient away from unhelpful patterns and toward a more functional framework of awareness (Schenberg, 2018a; Watts & Luoma, 2020). The PAT treatment model is based on an integration of Indigenous traditions with multiple models of psychotherapy, including transpersonal, humanistic, experiential, cognitive behavior, and somatic therapies. It is considerably different from traditional therapy because it involves a medicinal adjunct that enables the client to enter a nonordinary state of consciousness. Grof (2000) termed psychedelics a "non-specific amplifier," meaning

that clients often experience an amplification of whatever they are experiencing, whether it comes from their conscious thought, unconscious processes, or external environment. The way that psychedelic medicines open and engage with the unconscious is sometimes referred to as supporting clients' "inner healing intelligence"—the innate orientation that people have toward healing and wellness that is thought to, at times, become impeded by current or past circumstances and events (e.g., Gorman et al., 2021; Horton, et al., 2021). The concept of the inner healer is often invoked within the context of neuroplasticity research, which explores the brain's ability to reorganize itself and form new neural connections throughout life (e.g., Carhart-Harris et al., 2018). In PAT, psychedelic medicines can induce altered states of consciousness that may promote introspection, emotional release, and heightened receptivity to therapeutic insights (Schenberg, 2018b). The inner healer concept suggests that the therapeutic benefits observed in psychedelic experiences are not solely due to the pharmacological effects of the substances but also to the inherent healing potential of the individual's mind and brain (Nichols et al., 2017). Psychedelic experiences may facilitate neuroplasticity by disrupting rigid patterns of thought and behavior, allowing for new perspectives, emotional processing, and the integration of previously inaccessible or repressed memories (Carhart-Harris & Nutt, 2017).

One of the major ways that PAT is different from traditional psychotherapy is the stance of the therapist. In PAT, the main role of the therapist is to facilitate the positive conditions necessary to let the psychedelic medicine and the client's inner healing intelligence do the work. Facilitative conditions for PAT include the clients internal psychological state and intentions, as well as the external environment in which PAT is performed (termed "set and setting"; Grof, 2019) and individual factors, including biology (Fogg et al., 2021).

This novel approach requires a different type of training and personal development from that required for traditional forms of therapy. Psychedelic medicines make clients especially vulnerable and permeable to outside influences. In PAT, the quality of practitioner presence has as much or more impact on the client as the therapist's actions (Grof, 2019). Because psychedelics put clients in an open and vulnerable state, PAT practitioners must be emotionally secure, be able to self-regulate, stay centered, behave ethically, and always be conscious of their disposition (Shulgin & Shulgin, 2002). When the therapist can be aware of their projections, remain self-regulated, be compassionate to themself and others, and be grounded in their body, the client's inner healing intelligence can do its work most effectively (Shulgin, 2019).

Practitioners providing PAT require a certain degree of confidence in nonordinary states of consciousness to provide PAT proficiently (e.g., Nielson & Guss, 2018). This confidence can be gained by experiencing nonordinary states themselves and by observing others in these states. The more secure the practitioner feels in their ability to understand and move through challenging PAT experiences intuitively, the more likely they are to promote a similar sense of confidence and security in their patient's ability to navigate such challenges. These benefits flow into all forms of safety, including psychological, cultural, and spiritual safety (Winkler et al., 2016). Thus, practitioners having personal experience using psychedelics is thought to promote more positive treatment outcomes (Mangini, 1998; Oram, 2014; Winkler & Csémy, 2014).

The Person of the Therapist in PAT

The exercises in this book are centered on the core elements of psychedelic therapy, encouraging somatic awareness, cultural safety, the capacity to leverage relational ruptures to facilitate healing, and the integration of insights into one's way of knowing,

being, and doing. These exercises are not meant to promote a rigid way of "doing" PAT. Rather, they are meant to demonstrate the variety of ways a PAT session can unfold, reducing the risk of surprise. The experiential nature of deliberate practice is designed to uncover gaps in therapists' intuitive processes, identify therapists' blind spots, and to shine a light on areas of therapists' psychological and emotional selves that need to be tended to. Many of the exercise scenarios were designed to elicit strong emotions. Just like any journey from novice to expert (Benner, 1984), it is normal for students to feel activated by the scenarios and for exercises to feel effortful and awkward at first. Navigating one's emotions and insecurities in a safe practice environment mitigates the risk of therapeutic errors with real clients. It also reduces the risk of problematic countertransference emerging in therapy sessions. Conversely, if PAT therapists lack awareness of the vulnerabilities they bring into the therapy session and the ability to regulate themselves when activated, they cannot provide a secure and predictable therapeutic environment (e.g., Grof, 2019; Shulgin, 2019). The importance of therapists developing psychological and emotional self-awareness, often termed "the person of the therapist," has been endorsed by leaders of virtually every psychotherapy model, from psychoanalysis to client-centered therapy to systemic therapy to third-wave cognitive-behavioral models (Aponte & Kissil, 2016; McConnaughy, 1987; Rousmaniere, 2016, 2019). The potential for psychedelics to open and reveal the unconscious makes therapist personal development especially important for the safe and effective application of PAT. Ann Shulgin (2019), a widely respected pioneer in PAT, used Carl Jung's (1979) term *shadow work* to describe the process of self-exploration that is essential for all PAT therapists. In a speech near the end of her life, Shulgin (2019) emphasized the importance of therapists doing their own shadow work as a necessary precondition for providing PAT:

> No matter what motivates you to nibble mushrooms or drink ayahuasca tea, sooner or later you are going to have an encounter with the dragons and the demons in your soul. The Buddhists teach that when your body has died, your soul will meet what they call the guardians at the gate. And that what you must do is not run away. Or try to escape them. But look them in the face and acknowledge them as aspects of yourself. . . .
>
> Do your own Shadow work first. You can't do [PAT], and you certainly shouldn't try, if you haven't done the work . . . on your own Shadow. It could be very harmful to the patient because you have to know the territory. And when you ask [the patient] to trust you and what you say, you need to mean it. And he can't trust what you say, if you don't know what he's going through yourself. (paras. 4, 48)

Multidisciplinary Teams in PAT

Psychedelic therapy recognizes the holistic nature of healing, encompassing mental, emotional, spiritual, and physical-energetic aspects of human experience (Grof, 2019). To ensure effective and culturally sensitive practice, it is helpful for practitioners to be connected to multidisciplinary teams that embrace diverse ways of knowing. This includes moving beyond the confines of the Western-dominant biomedical paradigm and involving professionals from various disciplines and cultural backgrounds. Traditional therapists may need to expand their knowledge of pharmacology, and medical professionals should receive training in spiritual care to address the full spectrum of clients' needs. Cultural themes often surface during psychedelic experiences, and integrating these themes is crucial for successful healing (M. L. Williams et al., 2021; M. T. Williams et al., 2021).

Therefore, clinicians must prioritize cultural understanding as a foundational element of safety and efficacy in psychedelic therapy. Understanding the unique challenges faced by individuals who have experienced racism is vital to prevent inadvertent harm.

Client Safety and Risks in PAT

All therapies have the potential for negative effects (Mohr, 1995). The average deterioration rate across all models of psychotherapy has been estimated at 5% to 10% (see Lambert & Ogles, 2004). Like many strong medicines, psychedelics pose risks to some clients (for reviews, see Breeksema et al., 2022; Schlag et al., 2022). However, it can be challenging for clients to gain accurate information on the risks of psychedelics due to decades of sensationalized and inaccurate reporting from media and government sources (Nutt, 2022). For example, previous reports of psychedelics being neurotoxic and addictive have been largely disproven (e.g., Malcolm & Thomas, 2022; Nichols, 2016).

The most common risk from psychedelics that has been best supported by high-quality research is the risk of having an extremely adverse, difficult, or challenging experience (e.g., Breeksema et al., 2022; Schlag et al., 2022). One mixed-method study (Evans et al., 2023) collected quantitative and qualitative data from 608 participants who reported extended difficulties after psychedelic experiences and found the most common forms of extended difficulty were feelings of anxiety and fear, existential struggle, social disconnection, depersonalization, and derealization. For approximately one third of the participants, problems persisted for more than a year, and for one sixth, they endured for more than 3 years (Evans et al., 2023).

These risks are complicated by the finding that clients frequently report that their challenging experiences with psychedelics are also valuable. Schlag and colleagues (2022) summarized this finding:

> In Carbonaro et al.'s (2016) survey, 39% of the respondents rated their "worst bad trip" as one of the five most challenging experiences of their lifetime—yet the degree of difficulty was positively associated with enduring increases in well-being. Griffiths et al. (2006) found that in a controlled study of healthy volunteers, high doses of psilocybin created extreme fear in 30% of participants, yet 80% of these participants also reported subsequent improvements in well-being. Similarly, in healthy volunteers administered high doses of LSD of 100 and 200 µg in a controlled setting, fear (with ratings >50% on a visual analogue scale) is reported in approximately 20% and 30% of participants, respectively. Notably, more than 90% of the participants report good drug effects (>50%) in the same session (Holze et al., 2021; Schmid et al., 2015). (p. 5)

Other risks from psychedelics include uncomfortable or alarming physical symptoms (e.g., headache or migraine, nausea, fatigue, jaw clenching, perspiration), visual experiences long after the drug experience is over ("flashbacks"), harmful interactions with other psychiatric medication, and the risk of psychedelics triggering psychotic episodes (e.g., Breeksema et al., 2022; Dos Santos et al., 2017; Schlag et al., 2022; Tapia et al., 2021). Therapists can address many of these risks through careful screening for client suitability before proceeding with PAT. Before providing PAT, therapists must obtain thorough training in methods to protect client welfare, including client screening, appropriate boundaries, the safe and consensual use of touch, protecting client's confidentiality, preventing adverse cultural experiences, effective use of preparation and integration sessions to ensure client well-being, procedures for helping clients who are feeling overwhelmed, ensuring client safety after psychedelic medicine sessions, and other topics.

PAT Skills in Deliberate Practice

The skills in this book can be seen as the basic building blocks to be integrated into the therapist's repertoire and thus adopted for moment-by-moment use when needed. They guide the cultivation of trust, the fostering of presence, the ability to tolerate and leverage intense emotions, the engagement and validation of clients, the navigation of cultural opportunities and tensions, the skillful use of self-disclosure, the exploration and deepening of emotions, the work with intentions and disappointments, the management of expectations, the establishment of boundaries and agreements, the provision of ongoing informed consent, the awareness and navigation of transference, the skillful work with conflicting parts, the addressing of ruptures, and the facilitation of repair. These skills embody a relational approach and serve as the essential components of PAT. They embody a fundamental complementarity between ways of being and ways of doing, making this approach to therapy both rich and challenging.

Categorizing PAT Skills

To form a solid, safe therapeutic relationship and facilitate meaningful change, the PAT therapist must develop four broad skill categories:

1. A somatic and empathic attuning with the client to fortify the therapeutic alliance.
2. Preparing the client and the therapeutic alliance for the PAT session.
3. Navigating challenges and leveraging opportunities in PAT sessions.
4. Promoting integration of insights from the PAT session into one's daily life.

Table 1.2 organizes the skills in this book into these four categories, but bear in mind that these skills overlap in their application across these four categories. Grounded in therapeutic presence and facilitated by empathic and somatic attunement, all these skills are used throughout therapy, both within and outside of specific tasks.

The PAT Skills Presented in Exercises 1 Through 12

The exercises are presented in a linear order that privileges the importance of building a strong therapeutic alliance and a culture of trust between the therapist and the client. Exercise 1, "Redirecting to the Body," teaches skills to attend to bodily sensations and emotions that can shift us from fixating on solutions of the mind to learning to trust

TABLE 1.2. Four Categories of Psychedelic-Assisted Therapy Skills

Somatic Approaches	Preparation	Psychedelic Treatment	Integration
1. Redirecting to the body 2. Compassionately witnessing strong emotions	3. Exploring intentions and expectations 4. Cultural considerations: racially and ethnically diverse communities 5. Boundaries and informed consent 6. Responding to relational ruptures	7. Working with the client's internal conflict 8. Addressing transference 9. Navigating strong emotions	10. Making sense of the experience: integration I 11. Working with disappointment: integration II 12. Embodying insights: integration III

Note. The somatic approaches ground the entire therapeutic encounter and therefore apply to all exercises in this book.

the healing intelligence of the body. Exercise 2, "Compassionately Witnessing Strong Emotions," teaches how to mirror unconditional positive regard through an embodied, felt sense connection with another. This skill promotes a greater ability for the client to notice and work with the emotional content and core experience that is coming up in the body, while sharing that felt experience with the therapist. Exercise 3, "Exploring Intentions and Expectations," teaches how to explore client's intentions and expectations in preparation sessions and at the beginning of each psychedelic medicine session. Exercise 4, "Cultural Considerations: Racially and Ethnically Diverse Communities," teaches how to identify blind spots, discomforts, and triggers that can lead to unconscious projections and feel into ways to respond that feel authentic and demonstrate humility. Exercise 5, "Boundaries and Informed Consent," teaches how to clarify and maintain boundaries during psychedelic medicine sessions. Exercise 6, "Responding to Relational Ruptures," helps readers learn how to create safety within the therapeutic relationship. Exercise 7, "Working With the Client's Internal Conflict," provides introductory skills for working with internal conflict in the context of psychedelic-assisted therapy. Exercise 8, "Addressing Transference," teaches how to develop awareness of transference and to improve one's ability to tolerate and gently investigate the emotions as they arise. Exercise 9, "Navigating Strong Emotions," teaches how to explore intense feelings that may arise in PAT compassionately. Exercise 10, "Making Sense of the Experience: Integration I," teaches skills to make insights gained during altered states of consciousness become embodied in a way that leads to meaningful change in one's worldview and behaviors. Exercise 11, "Working With Disappointment: Integration II," teaches how to manage feelings of disappointment in PAT compassionately and productively. Exercise 12, "Embodying Insights: Integration III," teaches how to encourage integration after psychedelic medicine sessions.

A Note About Vocal Tone, Facial Expression, and Body Posture

Humanistic-experiential therapies in general, and PAT in particular, strongly attend to the nonverbal and paralinguistic cues expressed by both client and therapist. The empathic process of PAT involves careful moment-by-moment reading by the therapist of the client's message as communicated through both verbal expression and nonverbal styles. The therapist in turn is coached and trained to be aware of their tone of voice, facial expression, and body posture to convey the attitudes of warmth, empathy, genuine curiosity, and openness through their moment-by-moment responding.

Each one of the PAT skill and response types covered in the book is delivered with a particular therapeutic tone that cannot be completely conveyed through the written medium. We highly recommend that therapists pay attention to how they might be coming across to the client. For instance, paying attention to verbal cues such as tone of voice, facial expressions, and how one's nervous system may be informing the delivery of the message. Often, the words may seem right, but the energy that they are wrapped in can feel unsafe or incongruent. Ideally, the therapist will attune to the client, and in a similar way, when the client is dysregulated, they will attune to the therapist. In this way, when members of the therapeutic alliance feel safe enough to be authentic and to mirror unconditional positive regard in the process, the relationship promotes congruence (trustworthiness) and is mutually beneficial.

It is useful for PAT learners to watch recorded examples of themselves doing the practice exercises and to self-evaluate from this more objective vantage point. Furthermore, we also recommend students seek peer evaluation, providing another objective sounding board in their skill development process.

The Role of Deliberate Practice in PAT Training

The use of psychoactive substances for healing and wellness is deeply rooted in Indigenous cultures, where extensive training and supervision, often spanning many years, are required to facilitate medicine-assisted ceremonies. As PAT gains recognition in the Western context, it is crucial for Western-trained practitioners to approach it with humility and recognize themselves as novices in this field for a significant period of time. Developing personal and professional awareness, regulation skills, intuitive capacities, empathic development, somatic approaches, and the confidence to navigate challenging situations takes years of dedicated practice.

To ensure safety, foster humility, and build trustworthiness, ongoing mentorship and receiving feedback are imperative. The practice examples provided in this book can be tailored to various training programs, offering tangible scenarios that enable students to apply theory to practice.

Many PAT training programs recommend, and some require, that therapists personally experience nonordinary states of consciousness, obtain personal experience as a client in PAT, or both. These experiences can be achieved by engaging in PAT or other methods such as specific forms of breathwork (e.g., Grof, 2019). Engaging in experiential training fosters an intuitive understanding of nonordinary spaces that cannot be fully achieved through observation alone. It cultivates a form of intuition in nonordinary spaces that is difficult to attain through observation alone. The core aspects of experiential training, as outlined by Greenberg and Goldman (1988) in the context of psychotherapy training, are also applicable to PAT. These aspects include didactic learning, skills training, experiential engagement, and personal growth. Experiential training provides an opportunity to explore one's reactions to the strong emotional content often present in PAT (Shulgin, 2019), which can help practitioners develop the "person of the therapist" and inner skills of psychotherapy (e.g., Aponte & Kissil, 2016; Rousmaniere, 2019).

It is important to note that the skills presented in this book are foundational and not intended to be exhaustive. Deliberate practice, although valuable, should not be the sole method for acquiring proficiency in PAT. A comprehensive training process involves acquiring theoretical knowledge, discussing how to apply theory to practice amid complex scenarios, observing and studying PAT sessions with real clients, deliberate practice applying theory to practice through role-play, engaging in personal and experiential growth work as a therapist, and receiving supervision of one's work with real clients.

Overview of the Book's Structure

This book is organized into three parts. Part I contains this chapter and Chapter 2, which provides basic instructions on how to perform these exercises. We found through testing that providing too many instructions upfront overwhelmed trainers and trainees, and as a result, they skipped past them. Therefore, we kept these instructions as brief and simple as possible to focus only the most essential information that trainers and trainees will need to get started with the exercises. Further guidelines for getting the most about deliberate practice are provided in Chapter 3, and additional instructions for monitoring and adjusting the difficulty of the exercises are provided in Appendix A. **Do not skip the instructions in Chapter 2 and be sure to read the additional guidelines**

and instructions in Chapter 3 and Appendix A once you are comfortable with the basic instructions.

Part II contains the 12 skill-focused exercises, which are ordered based on their stage of therapy and difficulty: beginner, intermediate, and advanced (see Table 1.1). The first two exercises focus on somatic skills that apply to all the other skills in this book. The following 10 exercises are presented in the order that PAT is performed: the preparation session, the psychedelic medicine session, and the integration session. Although the skills are presented in this order, all the skills in this book can be essential in all stages of PAT.

Each exercise contains a brief overview, example client–therapist interactions to help guide trainees, step-by-step instructions for conducting that exercise, and a list of criteria for mastering the relevant skill. The client statements and sample therapist responses are then presented, also organized by difficulty (beginner, intermediate, and advanced). The statements and responses are presented separately so that the trainee playing the therapist has more freedom to improvise responses without being influenced by the sample responses, which should only be turned to if the trainee has difficulty improvising their own responses. PAT trainees are invited to run through the sample transcript with one playing the therapist and the other playing the client to get a feel for how a session might unfold.

The last two exercises in Part II provide opportunities to practice the 12 skills within simulated psychotherapy sessions. Exercise 13 provides a sample psychotherapy session transcript in which the PAT skills are used and clearly labeled, thereby demonstrating how they might flow together in an actual therapy session. PAT trainees are invited to run through the sample transcript with one playing the therapist and the other playing the client in order to get a feel for how a session might unfold. Exercise 14 provides suggestions for undertaking mock sessions, as well as client profiles ordered by difficulty (beginner, intermediate, and advanced) that trainees can use for improvised role-plays.

Part III contains Chapter 3, which provides additional guidance for trainers and trainees. While Chapter 2 is more procedural, Chapter 3 covers big-picture issues. It highlights six key points for getting the most out of deliberate practice and describes the importance of appropriate responsiveness, attending to trainee well-being and respecting their privacy, and trainer self-evaluation, among other topics.

Three appendixes conclude this book. Appendix A provides instructions for monitoring and adjusting the difficulty of each exercise as needed. It provides a Deliberate Practice Reaction Form for the trainee playing the therapist to complete to indicate whether the exercise is too easy or too difficult. Appendix B includes a Deliberate Practice Diary Form that can be used during a training session's final evaluation to process the trainees' experiences. However, its primary purpose is to give trainees a format to explore and record their experiences while engaging in additional, between-session deliberate practice activities without the supervisor. Appendix C presents a sample syllabus demonstrating how the 12 deliberate practice exercises and other support material can be integrated into a wider PAT training course. Instructors may choose to modify the syllabus or pick elements of it to integrate into their own courses.

Downloadable versions of this book's appendixes, including a color version of the Deliberate Practice Reaction Form, can be found in the "Clinician and Practitioner Resources" tab online (https://www.apa.org/pubs/books/deliberate-practice-psychedelic-assisted-therapy).