

# WHAT IS MEDICINE?:

## NAVIGATING PSYCHEDELICS AND PSYCHOPHARMACEUTICALS FOR THERAPISTS AND PROFESSIONALS

---

THE NOWAK SOCIETY, A REGISTERED 501C3 ORGANIZATION  
FALL COMMUNITY SPEAKER SERIES  
BOULDER, COLORADO  
OCTOBER 30, 2018

[WWW.NOWAKSOCIETY.ORG](http://WWW.NOWAKSOCIETY.ORG)

I BELIEVE THAT CHEMICAL  
IMBALANCES IN THE BRAIN CAUSE  
CONDITIONS LIKE DEPRESSION,  
BIPOLAR, AND SCHIZOPHRENIA.



I BELIEVE RESEARCH EVIDENCE  
CLEARLY DEMONSTRATES THAT  
PRESCRIBED PSYCHIATRIC  
MEDICATIONS ARE A **SAFE AND  
EFFECTIVE FIRST-LINE TREATMENT** FOR  
MOST PEOPLE WITH MENTAL HEALTH  
PROBLEMS.

I BELIEVE THAT PEOPLE CAN FIND  
MEANINGFUL PERSONAL GROWTH  
THROUGH THE RECREATIONAL USE  
OF PSYCHEDELICS.

I BELIEVE PEOPLE USING  
PSYCHEDELIC DRUGS (LIKE  
MUSHROOMS, LSD, OR MDMA)  
ARE PUTTING THEMSELVES AT RISK,  
EVEN IF THEY DON'T KNOW IT.



I BELIEVE THAT USERS OF PRESCRIBED  
PSYCHIATRIC MEDICATIONS BENEFIT  
FROM MEDICATION USE, OVERALL,  
MORE THAN THEY ARE HARMED.

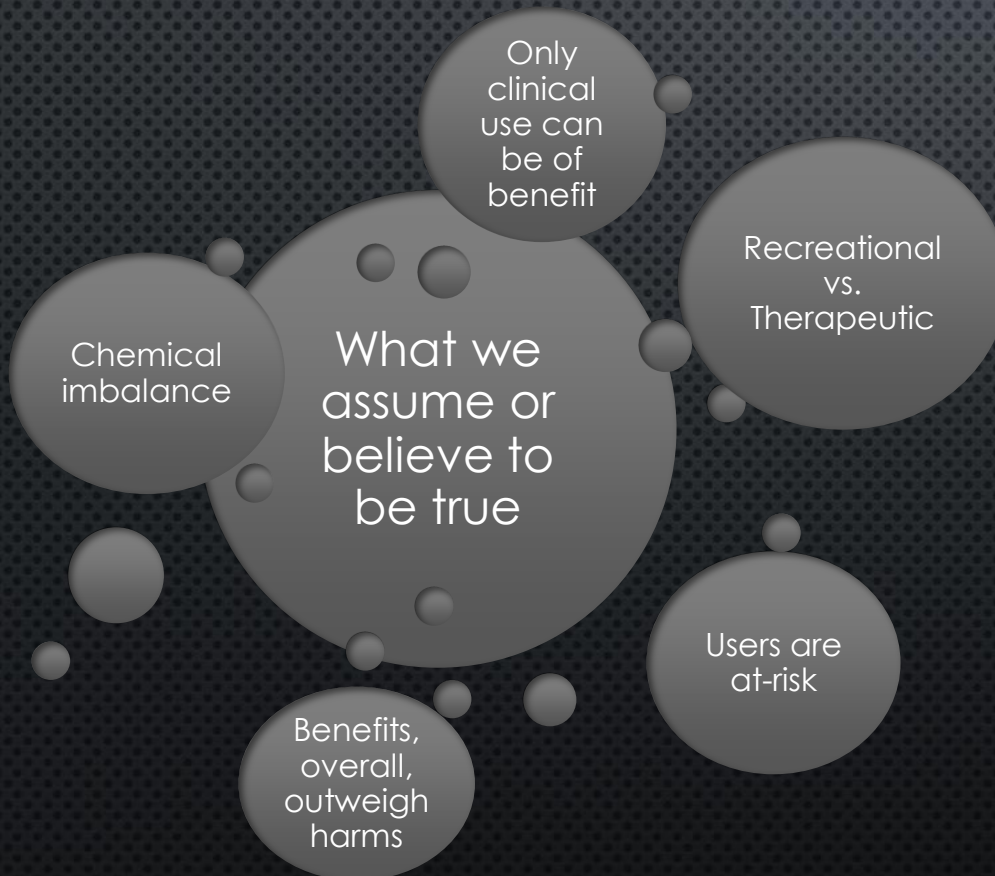
I BELIEVE THAT PSYCHEDELICS CAN  
ONLY BE OF BENEFIT IF USED UNDER  
THE SUPERVISION OF A MEDICAL  
DOCTOR, LIKE MDMA FOR  
TREATING PTSD.



# ASSUMPTIONS



# PRACTICE





# EXAMPLES WE'VE HEARD THAT BRING US HERE TONIGHT...

- TELLING MEDICATION-RELUCTANT CLIENTS THEY HAVE A CHEMICAL IMBALANCE, AND IT'S JUST LIKE INSULIN FOR DIABETES
- "SAFETY CONTRACTING" FOR USING MUSHROOMS FOR DEPRESSION, WHILE MAKING A PSYCHIATRIC REFERRAL FOR AN ANTIDEPRESSANT
- FEARING LOSING YOUR LICENSE IF YOU OFFER PSYCHEDELIC "INTEGRATION" SERVICES, OR IN ANY WAY APPEAR TO CONDONE ILLICIT PSYCHEDELIC USE

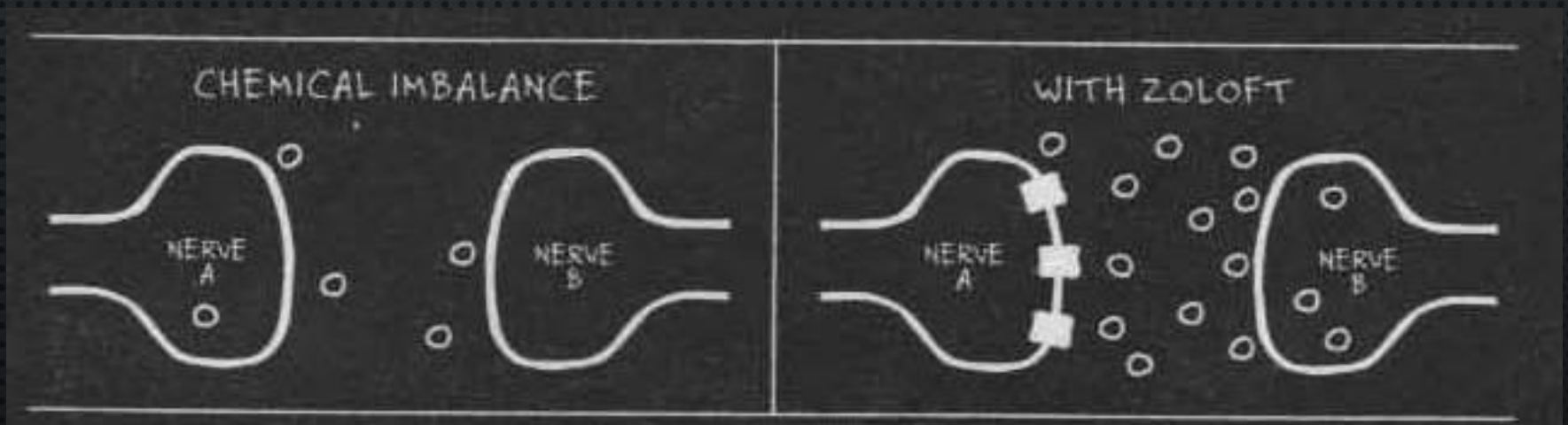
# MECHANISM OF ACTION OF PSYCHIATRIC DRUGS

The narrative that's been promoted	The narrative that's scientifically accurate
Drugs correct or normalize an abnormal brain state	Drugs create or cause an abnormal brain state
Drugs work because they directly target pathology in the brain	Drugs “work” by inducing general effects that might be viewed as beneficial by client, prescriber, and/or others
Therapeutic effects derive from alleviation of presumed disease pathology	Therapeutic effects depend on social context and the interpreter's perspective
Paradigm: insulin for diabetes	Paradigm: alcohol for social anxiety; caffeine to create an aroused state



“While the cause is unknown, depression may be related to an imbalance of natural chemicals between nerve cells in the brain. Prescription Zoloft works to correct this imbalance.”

*-Zoloft advertisement*





# ALL THESE DRUGS ARE PSYCHOACTIVE

The narrative that's been promoted	The narrative that's scientifically accurate
Drugs correct or normalize an abnormal brain state	Drugs create or cause an abnormal brain state
Drugs work because they directly target pathology in the brain	Drugs “work” by inducing general effects that might be viewed as beneficial by client, prescriber, and/or others
Therapeutic effects derive from alleviation of assumed disease pathology	Therapeutic effects depend on social context and the interpreter's perspective
Paradigm: insulin for diabetes	Paradigm: alcohol for social anxiety; caffeine to create an aroused state

# IF “DRUGS IS DRUGS,” THEN...

- ✓ CLIENTS ARE THE EXPERT OF THEIR OWN EXPERIENCE
- ✓ WE START FROM A SPACE OF “NOT KNOWING”
- ✓ WE MUST STAY INFORMED AND CRITICAL
- ✓ WE MUST SERVE AS TRUSTED SOURCES OF INFORMATION
  
- ✓ OTHER IMPLICATIONS FOR PRACTICE?



# Roles for Helping Professionals

- CANNOT SUGGEST, RECOMMEND, PRESCRIBE, OR ADMINISTER MEDICATIONS (OR OTHERWISE APPEAR TO BE “PRACTICING MEDICINE”)



# Roles for Helping Professionals



Bentley & Walsh 2012

# Counselor

- DISCUSS **CLIENTS' FEELINGS OR "CONSCIOUS AND UNCONSCIOUS MOTIVATIONS"** ABOUT TAKING MEDICATIONS/DRUGS.
- PROBLEM SOLVES, HELPS IDENTIFY ALTERNATIVES, ASSISTS IN MAKING DECISIONS.
- HELPS **WEIGH PROS AND CONS** OF TAKING MEDICATION/DRUGS.

# Consultant

- EVALUATES CLIENTS FOR **REFERRAL** TO PHYSICIANS.
- **PREPARES CLIENTS** TO TALK WITH A PRESCRIBING PHYSICIAN.



# Monitor

- HELPS CLIENT **OBSERVE EFFECTS** OF MEDICATION/DRUGS.
- EVALUATES CLIENT'S PSYCHOLOGICAL, INTERPERSONAL, AND SOCIAL **DRUG RESPONSES**, AND EFFECTS ON IDENTITY.
- DISCUSSES DRUG EFFECTS WITH CLIENTS AND OTHERS.

# Teacher

PROVIDES **INFORMATION** TO CLIENTS AND OTHERS ABOUT:

- PURPOSES, ACTIONS AND EFFECTS OF MEDICATIONS/DRUGS.
- STRATEGIES TO ADDRESS MEDICATION/DRUG PROBLEMS.
- HOW TO **WITHDRAW FROM MEDICATIONS/DRUGS** APPROPRIATELY.



# Emerging Roles: Integration Services

- **INTEGRATION**
  - “THE ACT OF BRINGING TOGETHER THE PARTS OF A WHOLE”
  - ANCHORING INSIGHTS GAINED FROM A (MEDICINE OR DRUG) EXPERIENCE INTO OUR EVERYDAY LIVES

# “Integration services”: scenarios for complaints

- BRAGGING TO A CLIENT ABOUT A GREAT PSYCHEDELIC EXPERIENCE YOU HAD
- NOT WARNING ABOUT THE POSSIBLE RISKS OF PSYCHEDELIC USE AND YOUR CLIENT HAS BEEN PSYCHOLOGICALLY HARMED BY THEIR USE
- PEERS CONCERNED ABOUT GOING BEYOND YOUR SCOPE OF PRACTICE AND ENCOURAGING ILLEGAL BEHAVIOR

Jade, 2018

## What about...

- BRAGGING TO A CLIENT ABOUT A GREAT ANTIDEPRESSANT EXPERIENCE YOU HAD
- NOT WARNING ABOUT THE POSSIBLE RISKS OF ANTIDEPRESSANT USE AND YOUR CLIENT HAS BEEN PSYCHOLOGICALLY HARMED



Professional competence is a core principle in the codes of ethics and standards for practice of various helping professions.

Involves:  
Education and training  
Consultation  
Supervision  
Continuing education



No specific standards address working with clients around medication/drug-related issues.

In the absence of standards, Codes advise **exercising careful judgment** and taking responsible steps to **ensure competence** and **protect clients from harm**.

# Tips (not legal advice)

- GET “YOUR STORY” AND INTENTIONS STRAIGHT (FOR PSYCHEDELIC INTEGRATION SERVICES)
- INFORMED CONSENT DOCUMENTS
- DISCLOSURES AND DISCLAIMERS
- DISCUSS WITH YOUR LICENSING BOARD THE ISSUE OF PROVIDING “INTEGRATION SERVICES”
- OTHER TIPS? NEEDS FOR THE FIELD/PROFESSION?



Research evidence clearly demonstrates the myriad potential benefits and harms of both commonly prescribed behavioral health drugs and psychedelic drugs. We offer education, counseling, and interpersonal support for all kinds of drug-related experiences. We can assist in your process of weighing the pros and cons of starting, continuing, or stopping a drug, exploring your motivations to use substances for therapeutic and/or recreational purposes, or monitoring the effects and impacts that use of a substance is having on your life. Our work focuses on you as a whole person who is navigating life choices and questions of identity and meaning.

\* Please note that we do not provide psychoactive or illicit substances. We do not conduct or promote psychedelic psychotherapy outside of approved clinical trials and we do not provide referrals to “underground” (illegal) psychedelic services.



# THANK YOU FOR YOUR GENEROUS DONATIONS AND SUPPORT!

## REFERENCES

- BENTLEY, K., & WALSH (2012). THE SOCIAL WORKER AND PSYCHIATRIC MEDICATION, CENGAGE LEARNING.
- JADE, R. (2018). INTEGRATING UNDERGROUND PSYCHEDELIC USE: A CAUTIONARY NOTE FOR LICENSED HEALTH CARE PROVIDERS, RETRIEVED FROM, [HTTPS://PAPERS.SSRN.COM/SOL3/PAPERS.CFM?ABSTRACT\\_ID=3181334](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3181334)
- LACASSE J, & LEO J. (2015). ANTIDEPRESSANTS AND THE CHEMICAL IMBALANCE THEORY OF DEPRESSION: A REFLECTION AND UPDATE ON THE DISCOURSE. *THE BEHAVIOR THERAPIST*, OCTOBER 2015: 206-14.
- MONCRIEFF J., & COHEN D. (2006). DO ANTIDEPRESSANTS CURE OR CREATE ABNORMAL BRAIN STATES? *PLOS MED*, 3(7):E240.
- MONCRIEFF J, & COHEN D. (2009). HOW DO PSYCHIATRIC DRUGS WORK? *BMJ*, 338:B1963.
- MONCRIEFF J, COHEN D, & PORTER S. (2013). THE PSYCHOACTIVE EFFECTS OF PSYCHIATRIC MEDICATION: THE ELEPHANT IN THE ROOM. *JOURNAL OF PSYCHOACTIVE DRUGS*, 45(5):409-15.