Integration Session Guidance

Adopted: XX.XX.XXXX

Purpose & Scope

Integration is the process of incorporating insights, emotions, and experiences arising from medical psilocybin treatment into a patient's daily life, long-term health goals, and overall well-being *(Bathje et al., 2022)*. The purpose of integration is to support the translation of acute psychedelic experiences into meaningful and sustained psychological, behavioral, and functional change while promoting patient safety and continuity of care *(Aday et al., 2020; Bathje et al., 2022)*.

Integration is most effective when supported by an individualized Circle of Care consisting of the patient, the medical psilocybin provider, and, when authorized by the patient, other members of the patient's support network *(Gorman et al., 2021)*. The Circle of Care may include family members, trusted friends, behavioral health providers, primary care clinicians, peer support specialists, recovery supports, spiritual care providers, or other individuals identified by the patient *(Oregon Health Authority [OHA], 2023)*.

Whenever appropriate and with the patient's written consent, practitioners are encouraged to coordinate communication among members of the Circle of Care to promote continuity of treatment, reinforce healthy behavioral changes, identify emerging concerns early, and reduce fragmentation of care *(Phelps, 2017)*. Participation by members of the Circle of Care should always respect patient autonomy, confidentiality, and applicable privacy laws *(Gorman et al., 2021; OHA, 2023)*.

General Principles

A. Integration Planning: should begin during the preparation phase of treatment. Whenever practicable, integration appointments should be scheduled before the administration session, so patients are not expected to coordinate follow up care immediately after treatment *(Johnson et al., 2008; OHA, 2023)*.
B. Individualized Care: Integration should be tailored to the patient's clinical presentation, treatment goals, cultural background, and response to the administration session. Providers should adjust the timing, frequency, and intensity of integration services when clinically indicated, including following a particularly challenging or highly meaningful experience.

C. Patient-centered approach: Integration should remain collaborative and non-directive. Practitioners should support patients in exploring the meaning of their experiences without imposing personal beliefs, spiritual frameworks, philosophical interpretations, or specific conclusions *(Gorman et al., 2021; Phelps, 2017; Watts et al., 2017)*.

Circle of Care Methods

Evidence-informed integration may include one or more of the following methods, when clinically appropriate and within the practitioner's scope of practice (Psychedelic Mental Health Alliance, 2026):

- Individual integration sessions
- Group integration sessions
- Family or support-person education, with patient consent
- Care coordination with behavioral health providers
- Referral to community-based peer support or recovery resources
- Values clarification and behavioral activation
- Reflective practices such as journaling, expressive arts, or structured narrative exercises
- Mindfulness and grounding practices
- Somatic awareness and regulation techniques
- Goal setting using measurable and achievable behavioral objectives
- Scheduled follow-up contacts between formal integration sessions, when clinically indicated

Integrative Care Planning

During preparation, practitioners should collaborate with patients to identify members of their Circle of Care, discuss anticipated integration needs, and develop a preliminary plan for follow-up support.

Integration may include one or more evidence-informed approaches appropriate to the patient's treatment plan and practitioner scope of practice.

When a patient has an established therapist, counselor, psychiatrist, or other behavioral health provider, the medical psilocybin provider is encouraged, with the patient's written consent, to coordinate care and facilitate continuity of treatment.

Integration Timeline

Immediately post session before discharge: screen for persistent psychological distress, emergent suicidal ideation, manic symptoms, and severe anxiety. Then provide the patient with clear written protocols after-hours crisis contacts, local emergency services, and designated support contacts. Practitioners should advise patients to refrain from making major, life-altering decisions (e.g. occupational, financial, relational) for at least 2-4 weeks post session to allow space for integration.

Initial Check-in (24-72 hrs post administration)

- Assessing physical recovery and psychological stability, reviewing sleep, appetite, mood, and general functioning
- Allowing the patient to describe the experience in their own words
- Identifying significant emotions, insights, or concerns
- Screening for delayed adverse psychological effects
- Reinforcing the patient's integration plan

Ongoing Integration (72hr+ post administration)

- Translating insights into achievable behavioral goals
- Identifying changes that support the patient's treatment objectives
- Processing unresolved emotions or difficult experiences
- Developing coping strategies and grounding techniques
- Strengthening healthy relationships and community supports
- Determining whether additional behavioral health services or referrals are clinically appropriate

The number and frequency integration sessions should be determined by clinical judgement and individual patient needs.

Documentation

Practitioners must document all integration sessions in the medical record within 48 hours of service delivery. Documentation should include:

- Date, duration, and setting (in-person vs. Telehealth of the session.
- Patient reported summary of the dosing experience and key emerging themes
- Assessment of mental status, safety, mood, sleep, and functional status
- Objectives measures used (e.g. PHQ-9, GAD-7) compared to baseline

- Any reported adverse events or clinical concerns, along with (if applicable) corresponding intervention plans
- Updates to the overarching treatment plan and care coordination efforts

References

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