

Psychedelic Group Based Integration: Ethical Assessment and Initial Recommendations

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ABSTRACT

A number of organizations have developed or are developing psychedelic integration groups, held in person or online. In parallel, there have been calls to make enhanced integration available in the community after clinical trials. Here, we explore a potential reason why individuals may seek out these groups: namely, the feelings of disconnection and loneliness that may arise after the psychedelic experience (noting that there may be other reasons that individuals may seek out these groups). Integration groups can offer significant benefits to participants (e.g. a sense of community, shared coping strategies); however, there may also be a number of associated risks. In this essay, we aim to explore the benefits and risks of integration groups, and offer a preliminary set of guidelines to physicians, researchers and individuals to help assess and evaluate these groups.

Keywords

Psychedelics; integration; community; loneliness; disconnection

Introduction

Psychedelics, 5-HT_{2A} agonists such as psilocybin and LSD, are currently being studied for their potential therapeutic benefits, their ability to enhance wellbeing, and their immediate and long-term risks (Mans et al., 2021; Nutt, 2019). A characteristic feature of psychedelics are the altered states of consciousness they may induce, including acute subjective effects such as perceptual changes, intensified emotional reactivity, and an alteration in one's sense of self, body, surroundings, and sense of time (Vollenweider & Preller, 2020). Notably, a majority of participants across a number of clinical studies rate the psychedelic experience to be one of the most meaningful of their lives (Ross, 2016; Schmid & Liechti, 2018). However, negative outcomes can sometimes follow psychedelic use, such as difficulty in differentiating what is real and unreal, unwanted changes in one's values or sense of self, and feeling disconnected from one's community (Evans et al., 2023; van Amsterdam & van den Brink, 2022). Work by Marrocu and colleagues suggests that the presence of a personality disorder may further elevate the risk of worsened mental health post-psychedelic use (Bouso et al., 2022; Marrocu et al., 2024). Integration sessions, or sober encounters with the trial team following drug administration sessions, are currently a key part of psychedelic-assisted therapy in clinical trials. These sessions seek to support the integration of insights and material evoked during the psychedelic experience into daily life (Aixala, 2022, ch.1), with the aim of minimizing the risks and maximizing the potential benefits associated with psychedelic use. However, clinical trials often offer a limited number of such sessions (Gren et al., 2023).

Given the intensity of the psychedelic experience for many people, as well as the possibility of difficult or persisting effects, some have called for enhanced integration to be made available post-trial in the community (Hatfield., 2024; Jacobs et al., 2024). Similarly, psychedelic research settings are seeing calls for community initiatives and peer support post-trial, as the protocol-defined number of integration psychotherapy sessions may be insufficient for some to make sense of their experiences (Jacobs et al., 2024). In parallel, numerous companies and organizations have developed online or in-person psychedelic integration groups, which can be found in a number of ways, such as by word of mouth, online searches, or on Internet forums such as Reddit (McAlpine & Blackburne, 2024).

Individuals may seek out community-based integration groups for a variety of reasons, such as for guidance in integrating perceived insights or for support in navigating challenging experiences. In particular, individuals may look for integration groups in response to feelings of loneliness or a desire for connection post-psychedelic use, and/or a desire for a community of individuals with psychedelic experience. Reports of loneliness and isolation after a psychedelic experience are not new, and can be traced back to Plato's description of an illuminated mystic who struggled to reintegrate back into society after an ecstatic experience (Plato & Bloom, 1968). Similarly, St. Teresa of Avila felt alienated following her ecstatic experiences, and was worried by the difficulties in sharing her unusual experiences with others (Juárez-Almendros, 2013). In recent surveys of extended difficulties following psychedelic use, some participants have reported difficulties in re-integrating back into their ordinary life post-psychedelic experience, as well as feelings of isolation from the world around them, especially if their community was not supportive of psychedelic use or were psychedelic-naïve (Evans et al., 2023). Such feelings are often categorized as a negative outcome in studies, with "feeling disconnected from the world around you" being the second most commonly reported negative outcome of psychedelic use in the 2020 Global Drug Survey (Kopra et al., 2023). Psychedelic retreats also aim to acknowledge and address the challenge of reconnecting with friends and family: for example, centers may hold integration workshops after the psychedelic experience to discuss potential challenges, including these feelings of disconnection (Lutkajtis & Evans, 2023).

As interest in psychedelics continues to grow and more jurisdictions move toward decriminalizing or even legalizing psychedelic use under certain non-clinical conditions (Smith & Appelbaum, 2021; Marks, 2023), individuals may begin to raise these extended difficulties and/or a desire for community integration to their primary care physician. Similarly, clinical trial participants may also raise these concerns and desires for continued integration to their physician after a therapeutic experience in a trial. In response, a potential avenue for physicians and researchers is to refer patients to group-based integration (or integration circles/communities), where individuals are able to meet and share their psychedelic experiences and integration strategies. Individuals may also ask a physician or researcher to recommend a group to attend, having heard of or come across integration groups online or by word of mouth. However, while integration groups can potentially

offer significant benefit to participants, they may also run the risk of exacerbating or compounding any negative effects experienced, or even introducing novel harms. Many facilitator-led integration groups are not led by a clinician or therapist and exist in an un- or under-regulated setting, possibly elevating the risk of individuals experiencing ethical transgressions. In this paper, we aim to assess the benefits and risks of psychedelic integration groups, and suggest a set of guidelines for physicians, researchers and individuals for the assessment of such groups. The paper proceeds as follows: we first briefly review themes of loneliness and disconnection in the psychedelic literature, and explore why psychedelic experiences may evoke these feelings and thus give rise to a demand for integration groups. Important to note is that this may not be the only reason individuals would seek out these groups; however, for the scope of this paper we have focused on evaluating loneliness and disconnection. We then describe integration groups and peer support as a potential resource to help address these feelings and analyze its benefits and risks. We conclude by proposing a preliminary set of guidelines to aid in the assessment of integration groups, focusing specifically on facilitator-led groups.

Themes of Loneliness and Disconnection in Psychedelic Literature

Descriptions of disconnection and loneliness, frequently categorized as feelings of social disconnection, can most often be found in qualitative studies of psychedelic use. However, it is important to note that although these feelings are often categorized as a negative outcome in studies, they are frequently viewed by participants as part of the beneficial process of growth and integration, and may also wear off and resolve with time (Bouso et al., 2022). In a mixed methods study, Jules Evans and colleagues examined extended difficulties post-psychedelic use, with data from a variety of contexts (retreats, clinical trials, with friends) and substance types (including non-classic psychedelics such as MDMA and ketamine). Evans and colleagues found that 27% of respondents reported social difficulties post-psychedelic use, with the most commonly reported type being a sense of social disconnection (reported by 13% of respondents, and one of the top five most prevalent themes). Participants reported feeling isolated, lonely and disconnected from others, describing “a feeling of being distant, withdrawn, [and] socially outcast” (Evans et al., 2023, p.12). The majority of the extended difficulties (across all categories) reported in Evans et al.’s study lasted for more than three years, with the second most frequently reported duration being less than a week (Evans et al., 2023). Similarly, Jose Carlos Bouso and colleagues found in the Global Ayahuasca Survey that one of the most frequently reported mental health adverse effects was feeling disconnected or alone (21%), as did a study of challenging experiences using classic psychedelics (Bouso et al., 2022; Simonsson et al., 2023). Speaking to these experiences, participants, in a qualitative study of ayahuasca drinkers’ psychedelic integration experiences, described feelings of disconnection and loneliness upon returning home, with one writing “I felt very lonely for the first couple months back home and had a very hard

time holding a grasp on ‘reality’” (Cowley-Court et al., 2023, p.206). More extreme forms of social disconnection can also occur, with 2% of participants in Evans and colleagues’ survey experiencing social withdrawal or shutdown - one participant expressed how they “became withdrawn, untrusting, disengaged from friends. I recall giving away my possessions” (Evans et al., 2023, p.12).

In addition to feelings of disconnection, participants often describe difficulties in integrating their experience back into their ordinary life, in relating to individuals around them who may be psychedelic-naive, or note the challenges of not having a supportive community, all of which may contribute to feelings of loneliness and isolation. One ayahuasca drinker noted that “there was definitely a disconnect when coming back home. It is hard to relate to some people, especially those that have limited experience in altered states, especially from psychedelics...” (Cowley-Court et al., 2023, p.212). Similarly, a participant in a psilocybin truffle retreat described how the experience “made me feel a little disconnected from others around me because ... [it’s like] you get on an elevator and you reach the top floor, and you see something that’s really amazing. And then you go back down to the first floor, and you’re unable to explain to others what you saw at the top floor. It can be quite isolating sometimes” (Lutkajtis & Evans, 2023, p.216). Similar sentiments were expressed by a participant of a interview study on extended difficulties, saying “you do this and you have this amazing experience and unlock these connections within, like amongst people in nature and in the world, and yet you’re stuck in a life where not everybody understands that and it’s very isolating (Argyri et al., *preprint*).

Individuals often also describe the difficulties of connecting and relating to psychedelic-naive individuals. Another participant of the same psilocybin truffle retreat spoke to the difficulties of not having a supportive community, saying “my roommate at the time was not a very supportive person and so the reintegration period was a little bit difficult for me because I had to go home the next day to live with this person who didn’t, first of all, understand what I was doing, and secondly, didn’t understand that my feelings afterward were normal. I was actually pretty sad for a while because I just didn’t know what to do with what I saw, and I still had, I think, some of the physical effects [of the psilocybin] because I just felt like I was disconnected for a good week afterwards” (Lutkajtis & Evans, 2023, p.216).

Psychedelic experiences are not unique in their ability to evoke feelings of isolation. Individuals with other conditions, such as chronic pain or mental health conditions, may also experience social alienation and isolation, stemming from a variety of factors such as a lack of sense of belonging and meaningful connection with others (Birken et al., 2023; Rokach et al., 2018). However, there may be several factors which exacerbate these feelings. Firstly, the ineffability and variability of psychedelic experiences may compound difficulties in connecting with psychedelic-naive individuals, as the experience can be difficult to describe (Smith & Sisti, 2021). Moreover, given that many legal regimes currently do not permit psychedelic use, individuals may feel hesitant in sharing their experiences with others (Dos Santos et al., 2021 Argyri et al., *preprint*). In addition to

navigating the stigma that often accompanies psychedelic (and other recreational drug) use, Black and Hispanic individuals may be at particular risk when sharing due to racial biases in policing of drug use in the United States (Cooper, 2015; Earp et al., 2021). Moreover, marginalized groups may also be particularly cautious regarding the mental and physical effects of psychedelics, such as impaired cognition (Michaels et al., 2018). These factors may thus contribute to a demand for group-based integration, which we will explore in greater depth in the following section.

Group-Based Integration

Integration groups present a potential resource for individuals experiencing feelings of disconnection or loneliness, or a desire for a psychedelic community. When peer led, they can constitute a form of psychedelic peer support, with the concept of peer support more broadly referring to spaces where individuals are able to share their experiences of distress, form connections with others on that basis, and learn from others in the group (Gillard, 2019). Psychedelic peer support refers specifically to educational or care services offered in support of a person navigating a naturalistic psychedelic experience and is distinct from clinical psychedelic-assisted psychotherapy (Skiles et al., 2023). Integration groups can also be facilitator-led, with clinicians or therapists sometimes taking the role of facilitator.

Although each individual group may operate slightly differently (e.g. the addition of meditation sessions at the beginning, discussion prompts used, frequency of meeting, paid or free-to-access), many groups emphasize the sharing of psychedelic experiences and integration strategies as one of their principal functions. As an example, one group describes itself as “a group meeting where people take turns listening to and sharing their experiences, thoughts, and feelings relating to psychedelic integration” (Psychedelic Peer Integration Circle, 2024). Another weekly online integration group advertised their event as “a welcoming space for people who want to discuss entheogenic use in a healthy way, for psychological healing and spiritual growth” (Weekly Online Psychedelic Integration Circle, 2024), whilst one facilitated by a counselor is described as “a place to share and gain insights into the meaning and purpose of your experiences, as well as talk with others who may have experienced something very similar” (Psychedelic Integration, 2024). Integration groups are currently being offered by a variety of organizations, and can also be readily found on platforms such as Eventbrite, MeetUp, and on Facebook Groups. Retreat centers may also offer integration groups: however, important to note is that participants who may feel harmed or let down by the retreat may not wish to attend such groups.

Integration groups, and more generally the presence of a supportive community, are often highly valued by psychedelic users. Rosalind McAlpine and George Blackburne, in their examination of sharing-round rituals at psychedelic retreat centers, suggested that by providing opportunities for controlled self-disclosure, such rituals “may facilitate the creation of social relationships and enhance

intra group cohesion, subjective connectedness, and the perception of social support,” pointing to the ability of these spaces to foster a sense of community (McAlpine & Blackburne, 2024, p.5). Within the research context, in a psilocybin clinical trial that utilized a group approach, participants were described to have continued to meet informally after the ending of the trial in order to share their experiences and story, whilst some former clinical trial participants from Johns Hopkins have sought out local psychedelic societies for community (Pharmacy Times, 2023; Noorani, 2021). Multiple participants of a trial for psilocybin for treatment-resistant depression spoke to the value of connecting with other trial participants, writing that “when I’m with folks who have the same quirks as me, I do feel part of a group. It’s just really nice not to feel like an outsider. (...) And if I were part of a psilocybin group (...) I would want to know what someone else’s experience was like. So I can say: yes, I saw that too. Or I have also experienced that. And that might make me start reflecting again” - highlighting the importance of a psychedelic-supportive community (Breeksema et al., 2024, p.6). Similarly, individuals may view integration groups as helping to keep them accountable in their integration plan, and to help continue healing (McAlpine et al., 2024).

Peers and community support were also found to be the most commonly used type of social support for individuals to cope with extended difficulties following psychedelic use (Robinson et al., 2024). Speaking to their experience with integration groups, one study participant in Robinson and colleagues’ survey study of coping strategies wrote “I joined a group for psychedelic integration and that helped HUGELY! I consider myself pretty self-aware and being able to ‘talk it out’, share my process and being met with understanding and non-judgment made a difference. The other thing that helped was realizing that the experience itself doesn’t ‘fix’ anything. Integration is EVERYTHING” (Robinson et al., 2024, p.16). Another participant of a psilocybin truffle retreat, commenting on the importance of a supportive community, noted that “it’s really important to be able to talk about these experiences with people who can relate, and not people who are going to look at you skeptically and make you question your own experience” (Lutkajtis & Evans, 2023, p.216). Similarly, in Argyri and colleagues’ interview study of individuals coping with existential distress post-psychedelic experience, 22 of 26 participants noted that interpersonal support was helpful, with one describing “I discovered a spiritual awakening sharing circle...that was literally my only support because I was going through this all alone, living alone in my flat. But every month I had this group I would go to, and for five minutes I would talk about this crazy stuff I was going through with this demon and people didn’t judge me. And that was what kept me going” (Argyri et al., *preprint*). Another ayahuasca drinker described how they were lucky that “the group I had a ceremony with has stayed very connected” (Cowley-Court et al., 2023, p.212).

Given the prevalence of psychedelic integration groups and availability of testimonials from many psychedelic users on their benefits, patients may ask physicians or researchers for an integration group recommendation or referral following a difficult non-therapeutic or therapeutic experience. Patients may make this request to help address the need for a psychedelic community or to simply

continue with integration following a psychedelic experience. In the following section, we analyze the benefits and risks of group-based psychedelic integration groups, and outline potential considerations for physicians, researchers, and individuals for their evaluation.

Benefits of Group-Based Integration

Many of the benefits of psychedelic integration groups parallel the advantages of peer support groups for other conditions, such as cancer or chronic disease. Both allow for information and strategies to be shared about skills related to recovery, health and wellness, and help to promote growth and development. They additionally provide a space for participants to share lived experiences of recovery and support collaboration and teamwork amongst the group. Within the context of psychedelic integration groups, this may look like the sharing of integration strategies, or coping methods following extended difficulties post-psychedelic use. Participants often value peer support because it provides opportunities for normalizing, non-treatment-based relationships, which can then help to strengthen broader connections to community (Gillard, 2019).

Regarding difficulties with disconnection and loneliness, psychedelic integration groups can provide a community to those feeling disconnected or who feel that others do not understand their experience (Skiles et al., 2023). This function of peer support groups is often highly valued for other conditions as well. For individuals with certain mental health conditions, peer support groups can offer a “safe space of shared identity and a sense of belonging” (Beales & Wilson; 2015) that can be highly beneficial, echoing the sentiment expressed above by a psilocybin clinical trial participant: “when I’m with folks who have the same quirks as me, I do feel part of a group. It’s just really nice not to feel like an outsider” (Breeksema et al., 2024, p.6). They can also serve as a way to build relationships and to facilitate re-integration into the community (Beales & Wilson, 2015). Moreover, given that the use of psychedelics is currently illegal in the majority of jurisdictions, psychedelic integration groups held online can offer a relatively accessible and private way to join a community of others with similar experiences, especially in areas where psychedelic use may be stigmatized or uncommon. The ability of peer support groups to help people deal with stigmatized conditions or experiences, which may also relate to a person’s sense of self or identity (for example diagnoses around differences of sex development or intersex conditions; see Baratz, Sharp & Sandberg, 2014) has long been noted.

Peer support groups can be beneficial not only to the one receiving support, but also to the supporter. In particular, many enjoy the feeling of being able to give something back to others, which can contribute to an enhanced sense of purpose (Fortuna et al., 2022; Joo et al., 2022). Peer supporters may additionally derive emotional and social benefits from serving as role models to others, which may then also increase their confidence in their own ability to overcome challenges regarding their health (Joo et al., 2022).

These aspects of peer support may help to support individuals through challenging psychedelic experiences, and can potentially address feelings of disconnection and loneliness by providing a supportive community of individuals who understand their experiences (Cowley Court et al., 2023; Skiles et al., 2023). Having the opportunity to share one's experiences and story with a like-minded community may additionally support the integration process, with one ayahuasca drinker describing how "a network of people who also drink ayahuasca has been very important for me to be able to integrate my experiences. I've learned just as much about myself in sharing circles and conversations as I have in ceremonies" (Cowley-Court et al., 2023, p.207). More research, however, will be needed to determine how common these beneficial effects are across different settings. Moreover, a number of risks should also be considered when assessing integration groups. We discuss these in the following section.

Risks of Group-Based Integration

A number of risks should be taken into consideration when recommending a patient to attend an integration group, some of which are psychedelic-specific. One such risk is the potential for belief-shaping, given the suggestibility-enhancing attributes of psychedelics. Participants who have recently had a psychedelic experience may be more sensitive to the suggestions or frameworks of others, especially as individuals are likely to search for an explanatory or conceptual framework as part of their integration of a challenging experience (Cowley-Court et al., 2023; Dupuis, 2021; Pace & Devenot, 2021). Moreover, it is possible that participants may find others' interpretations of their experiences to be unhelpful, whether those others be fellow group members or the facilitator/leader. One participant in Argyri and colleagues' interview study noted this, saying "What's so scary is that he would pin everything to an entity possession, which was even scarier. So, instead of taking ownership of this compromised facilitation, instead of taking responsibility, he would say oh, you must have been possessed by [an] entity" (Argyri et al., *preprint*).

Relatedly, a risk of attending these groups is the possibility of exposure to harmful, unwarranted, or unsustainable beliefs.¹ Exposure to misinformation is a risk in all peer support groups, as participants may share misinterpreted scientific information or unsafe coping strategies (although this may be mitigated by a trained facilitator or clinician) (Gupta & Schapira, 2018).

It is similarly important to attend to the risk and possibility of cultic social dynamics within integration groups. Evans and Holcomb Adams outline several reasons why psychedelics may amplify the risk of such dynamics. Firstly, as mentioned above, the suggestibility-enhancing attributes of psychedelics can increase individuals' vulnerability to undue influence. Furthermore, by promoting

¹ Consider, for example, the finding from Nayak et al. (2023) that psychedelic use may increase endorsement of statements such as "some people (e.g., shamans, gurus, psychics, etc.) are able to influence physical events (e.g., the probability of rain or the course of physical illness) through non-physical processes" (p. 82). Given the suggestibility of participants following psychedelic use, the group dynamic could amplify these beliefs through social reinforcement, enhancing the risk of manipulation or exploitation by group members or facilitators who might present themselves as possessing such powers.

group cohesion and identity through shared experiences and identities, such cultic dynamics can be amplified to a destructive degree (Evans & Holcomb Adams, forthcoming; Noorani & Devenot, 2024). Although not all integration groups will have cultic dynamics, it is important to be aware of this risk. More broadly, the presence of various aspects of group dynamics can cause discomfort, such as tensions between group members on the agenda of the group, or the group's goals (Jablotschkin et al., 2022). Overly boastful behavior on one's successes can also lead to the discomfort of others members (Coreil et al., 2004).

There additionally exists the possibility that peer supporters may be inadequately prepared to support certain situations, given the vulnerability and intense experiences induced by psychedelics. The resurfacing of buried trauma is one type of extended difficulty reported post-psychedelic use, with individuals experiencing trauma flashbacks (Evans et al., 2023). In these situations, peer supporters may be inadequately prepared to support individuals experiencing such difficulties, with there being a risk of exacerbating or worsening the situation.

Feelings of "missing out" may also emerge, in particular if hearing about the extremely positive psychedelic experiences of others. In a qualitative study evaluating psilocybin-assisted group therapy, one participant noted "I didn't have [other participant's name] experience. I was a little like, 'Oh, did I miss out on something?' Then a woman said that after her experience, she was very much in touch with nature, that she would go on walks, and everything just seemed so magical. I haven't had any of that. I was a little, 'Oh, I missed out on that'" (Beaussant et al. 2023, p.1152). In these contexts, integration groups may exacerbate feelings of isolation and disappointment, instead of fostering a sense of community and shared identity. Moreover, in the context of the hype bubble that has developed surrounding psychedelic clinical interventions (Yaden, Potash and Griffiths, 2022), trial participants and patients may have very high hopes for their therapeutic effect. For someone whose psychedelic experience was not salutary, the feeling that one has "missed out" when hearing of others' positive or beneficial experiences may manifest as a demoralization reaction, with serious implications for their long-term recovery (Gukasyan, 2023),

Another potential risk of integration groups pertains to confidentiality, with the possibility of other participants misusing or sharing information shared within the context of the group. This may be particularly detrimental given the use of psychedelics for recreational and therapeutic purposes is currently illegal in many countries. Some integration groups may also be financially inaccessible for patients. As an example, fees can be as high as £1440 per year (approx. \$1825 USD), which can render it unaffordable to many. However, there are groups which can be joined free-of-charge.

Patients may not have adequate information to choose between groups given the diversity of options and difficulty assessing what modality would be most helpful to them. Physicians should keep this in mind when making recommendations of groups over others, noting that a recommendation to a more expensive group may make a patient more likely to sign up for their services even with scant evidence to recommend one group over another because of the power imbalance between physician

and patient and vulnerability of a patient experiencing loneliness and potentially poor mental health. Physician recommendations should, for these reasons, be made with an expression of some uncertainty to the patient about the potential benefit of joining a group and the choice to recommend one group over another.

The context in which recommendations are made should also be taken into account when physicians evaluate the benefits and risks. Currently, integration groups are underregulated and there is scant evidence to support their practices. Organizational advertising materials that make claims about the effectiveness of integration groups, including use of terms such as “evidence-based,” are likely misleading due to this absence of evidence. Moreover, information on what activities or prompts will be used is often unavailable at the time of joining, potentially rendering it more difficult to judge whether a particular group might be more harmful than helpful, as certain prompts or activities may inadvertently bring up unprocessed trauma or further provoke feelings of isolation or confusion. For facilitator-led groups, the training and background of the facilitator may vary immensely, given that no regulation or guidelines currently exist for these spaces. Similarly, the training of peer supporters may vary as well, with some suggesting that training and having a senior peer supporter as a mentor may help facilitate the provision of peer support (Burke et al., 2018). These factors add to the difficulty for physicians, researchers, and individuals in evaluating a group.

Finally, the effectiveness of psychedelic peer support is understudied, with more research needed to inform their use. Preliminarily, data from Mollie Pleet and colleagues on the Fireside Project psychedelic helpline suggest that a lack of support during the integration process may lead to harm, with 23.2% of callers indicating that they would have been physically or emotionally harmed if not for their conversation with a peer support specialist (Pleet et al., 2023). Further studies are needed to confirm the effectiveness of integration groups and other peer support models for both therapeutic and non-therapeutic settings, as well as to elucidate potential risks. For example, a Delphi study to assess experts’ opinions and experience to develop further recommendations for the field would be beneficial (Creamer et al., 2012).

Proposal for Guidelines for the Assessment of Group-Based Integration

Psychedelic integration groups are relatively understudied, with no guidelines currently existing for individuals or physicians to evaluate and assess these groups. We attempt here to outline a set of broad considerations for physicians, researchers, and individuals to aid in assessing and/or selecting an integration group, with a number of criteria specific to facilitator-led groups. However, while we have proposed ten interrelated areas for consideration, an individual should ultimately assess whether a group aligns with their comfort level, values and preferences. Moreover, we would like to highlight the preliminary nature of these criteria, to be refined and reiterated upon as research progresses.

Group Operations Assessment Criteria:

(1) Transparency in Group Purpose, Philosophy, and Focus

Groups should articulate their philosophy and approach towards integration (e.g., metaphysical assumptions, beliefs). Groups should also clearly articulate their purpose and focus (e.g., sharing integration strategies, sharing psychedelic experiences, etc.) to facilitate assessment of whether a group aligns with a patient's values and preferences.

(2) Transparency in Activities of the Group

Groups may differ in the structure of the meeting, activities, and prompts used (if applicable). Groups should exhibit transparency in what activities, prompts, and structure will be used, to help assess whether or not a group may be appropriate for a specific individual.

(3) Transparency around Social Dynamics

Groups should exhibit transparency on the social dynamics / structure of the group (e.g., whether or all members will be encouraged to speak, options to opt out of certain prompts or activities, etc.) in order for physicians and researchers to gauge whether an individual may be comfortable with a group. Groups should have a supportive, non-judgmental and respectful atmosphere to ensure that participants feel comfortable sharing their experiences.

(4) Presence of Ethics Guidelines and Confidentiality Statement

Groups should have clearly articulated ethics guidelines, covering areas such as confidentiality, maintaining personal and professional boundaries, and preventing conflicts of interests. Facilitators should be required to read, sign, and adhere to a Code of Ethics, while groups should have a publicly available and anonymous process for reporting an alleged breach of ethics.

(5) Presence of crisis management and referral protocols

Groups should have a pathway in place to make a referral to a mental health professional if needed, as well as protocols for crisis management.

(6) Transparency around Cost

Groups should exhibit transparency around pricing structures, fees and policies. Organizations should endeavor to clearly outline the exact costs associated with each of the following, if applicable, and any other related costs:

- a) General application fee
- b) Costs of attending the group
- c) Cancellation fees

(7) Group Format and Structure

Physicians, researchers, and individuals should consider the format and structure of the group as part of their assessment of whether a group may be convenient, including:

- a) Whether it is in-person, hybrid, or online
- b) Frequency of meetings
- c) Duration of meetings

(8) Commitment to Equity, Diversity and Inclusion

Groups should demonstrate a commitment to equity, diversity and inclusion, such as by:

- a) Training culturally competent facilitators
- b) Creating a culture of inclusion for participants
- c) Increasing the accessibility of groups to diverse populations

Assessment Criteria specific to Facilitator-led groups:

(9) Transparency in training modalities for Facilitators

A number of integration groups offered are led by facilitators selected and trained by the hosting organization. Groups should exhibit transparency in the training taken by facilitators, and their background and relevant professional experience (e.g., clinical).

(10) Training and Supervision of Facilitators:

- (a) Oversight of facilitators should be provided by mental health professionals
- (b) Facilitators should receive effective training

Conclusion

In this essay, we have outlined preliminary criteria for the assessment of integration groups by physicians, researchers, and individuals themselves, to be refined and iterated upon as research progresses. There should also be efforts more broadly to identify appropriate regulation and coordination/accountability in this space, for example, around facilitator licensure, public databases showing facilitator training background and license status, and whether any ethics complaints have been raised or actions taken. This could be undertaken by government actors as the legal status of psychedelics continues to evolve; or it may be a matter of voluntary coordination among different groups, perhaps enlisting an outside/independent overseer of standards, quality control, audits, and accountability for ethics breaches. One place to look for guidance would be in discussions (and regulations) around other types of peer-support groups within medicine (e.g., for people with chronic health conditions) and/or outside of medicine (e.g., grief or career support groups).

As with other areas of the psychedelic landscape, it is important to avoid “exceptionalizing” psychedelics. One way to achieve this aim is to look for continuity with other similar phenomena and not re-inventing the wheel -- in terms of ethics, regulation, or research -- where lessons can be learned from other cases. However, it is also important to be clear-eyed and alert to ways in which psychedelics can present unique ethical risks or challenges. Going forward, community-based integration groups are likely to remain a part of the psychedelic ecosystem as interest in psychedelic use increases. As interest in psychedelics continues to grow, establishing guidelines and best practices for integration groups will be essential to help mitigate risks. Future research directions potentially include examining the efficacy of such groups and the experiences of individuals attending to better assess their risks and benefits.

Declaration of Interest Statement:

The authors declare no competing interests.

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