

Psychedelic harm reduction and integration

Support for thinking through a psychedelic experience you are considering, or for making sense of one you have already had. No substance is given. This reading is for someone in either of those situations.



What is it?

Psychedelic harm reduction and integration, PHRI for short, is a conversation with a trained person about an experience, before or after it. It is not a treatment and it does not follow a fixed method; it is a way of accompanying you around a choice you are making or something you have lived. The term comes from clinicians who wanted to offer such support honestly, without pretending the substance was not in the picture and without administering it.¹

Preparation

Preparation is a key phase, and it is often skipped. If you are considering a psychedelic experience, there is a great deal to think through before it: what you hope for and what you fear; your health and the treatments you take; where it would happen, with whom, and what would be there afterwards. Preparation also looks at what you bring to the experience, since what surfaces in a non-ordinary state is largely what was already there. Old griefs, unresolved relationships and questions you have kept at a distance may come forward; it helps to have named them beforehand, and to have decided how you want to meet them. Talking this through does not mean being talked into the experience or out of it. Deciding to wait, or not to go ahead, is as much a part of the work as deciding to proceed. You do not need to justify your curiosity to ask for this conversation.¹



An ongoing conversation, not a required sequence or another substance session.

Integration

An experience, whatever its setting, leaves something behind: a feeling, an image, a certainty, a disappointment, sometimes a question that will not settle. Integration is the work of making sense of it and of bringing it into your life as a lasting change rather than a memory. This work has two sides.

The first is to help you draw from the experience what it has to give. In a session you might look at what you felt, at how your body responded, at what it stirred in your relationships, and at what you now want to change. The point is to translate the experience into something that holds in ordinary life: a strong sense of closeness might lead to a careful conversation with someone who matters, rather than to a decision taken on the spot. An image or an impression can be explored for what it means to you, without taking it for a recovered memory, a literal truth or an instruction.

The second is to support you if the experience was difficult or troubling, and if you are still in distress about it. Fear, confusion, a sense of having lost one's footing, or something seen that will not leave you alone can linger for days or weeks. These experiences can be worked through, and often carry something of value once they are held in a safe relationship. A frightening or confusing experience is not a reason to stay away from support; it is the better reason to seek it. ¹

When more than integration is needed

Some difficulties after an experience are not matters of meaning. Persistent sleeplessness, mounting agitation, confusion, or trouble getting through the day call for a prompt clinical assessment, not more integration sessions. Whoever accompanies you should recognise the limits of their role and help you reach other care when it is needed. ²

Questions to bring to a consultation

- Given what I wish to address, what is the best way forward?
- Can we talk about my experience, or my plans, without judgement or pressure?
- What is your training, and how do you work with integration?
- How would we know if I needed other care?

Québec · In Québec, psychotherapy is a reserved activity: only professionals legally authorised may practise it. You can ask about qualifications, arrangements and the limits of the support offered. [Ordre des psychologues du Québec](#).

Sources and further reading

1. Gorman et al. (2021) · [Psychedelic Harm Reduction and Integration](#).
The article that proposed the framework; open access.

2. NIH (NIDA) · [Psychedelic and Dissociative Drugs](#).
Public overview of effects, adverse reactions and ongoing research.

General information to support a clinical conversation. This resource does not determine treatment suitability or offer access to a substance.