Professional Certification in Psychedelic Medicine

Clinical Applications of Altered States of Consciousness, Psychedelic Medicines, Entheogens, Trauma, Neuroscience, and Indigenous Knowledge.

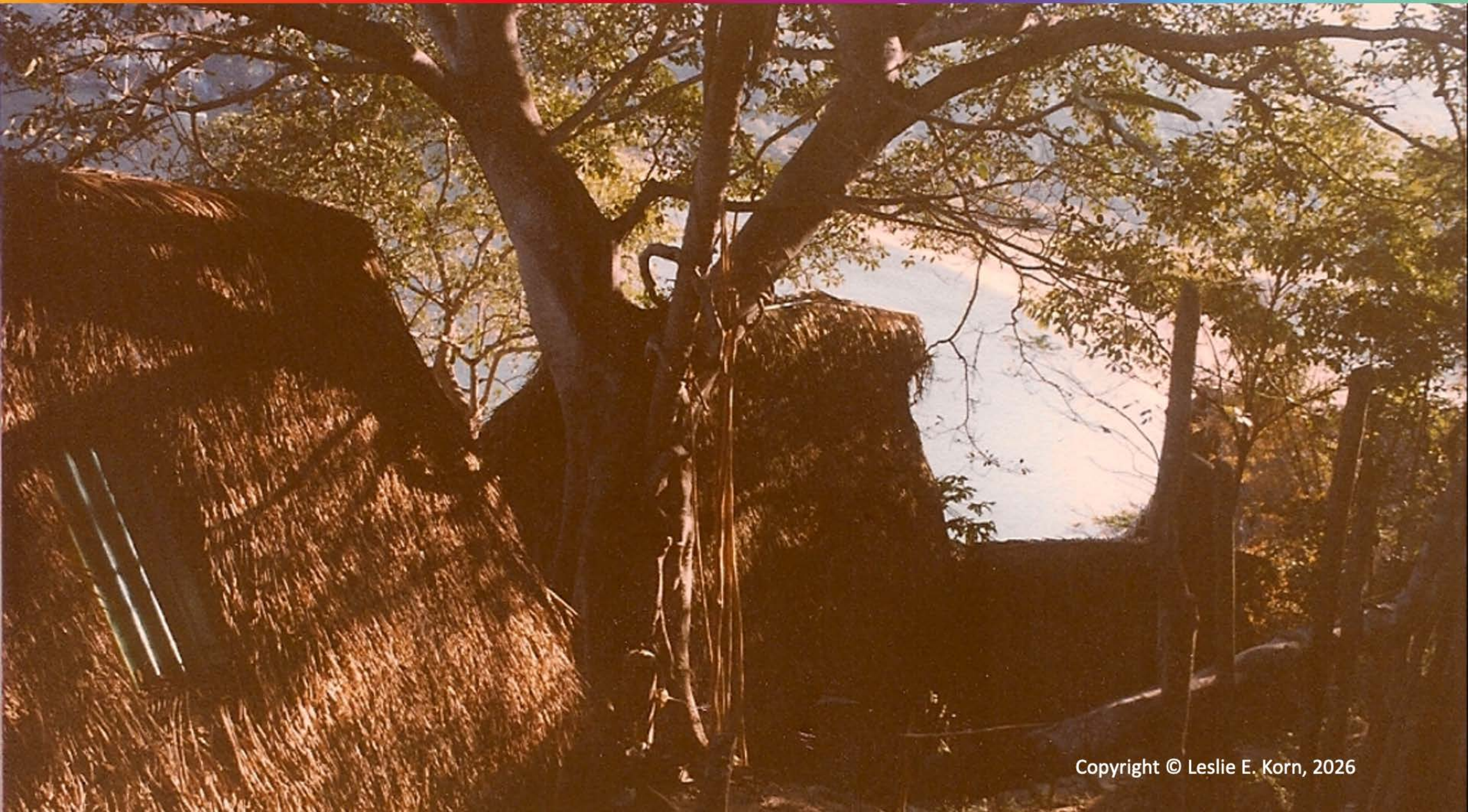
Leslie Korn PhD, MPH, LMHC

Module 1. Altered States of Consciousness
Foundations for Clinical Practice

Introduction

- Altered States of Consciousness and Mental and Physical Wellbeing
- Psychedelic Medicine and Entheogens:
  - Assessment, applications pharmacogenomics
- Dissociation spectrum, Trauma and Altered States
- Exceptional Experiences and Anomalous Cognition
- Traditional/Shamanic approaches
- The Wounded Healer
- Indigenous approaches
- Culture and Meaning Making
- Bridging Models for clinical practice
- **HANDOUT Glossary**

Michael Winkelman, Erika Bourguignon

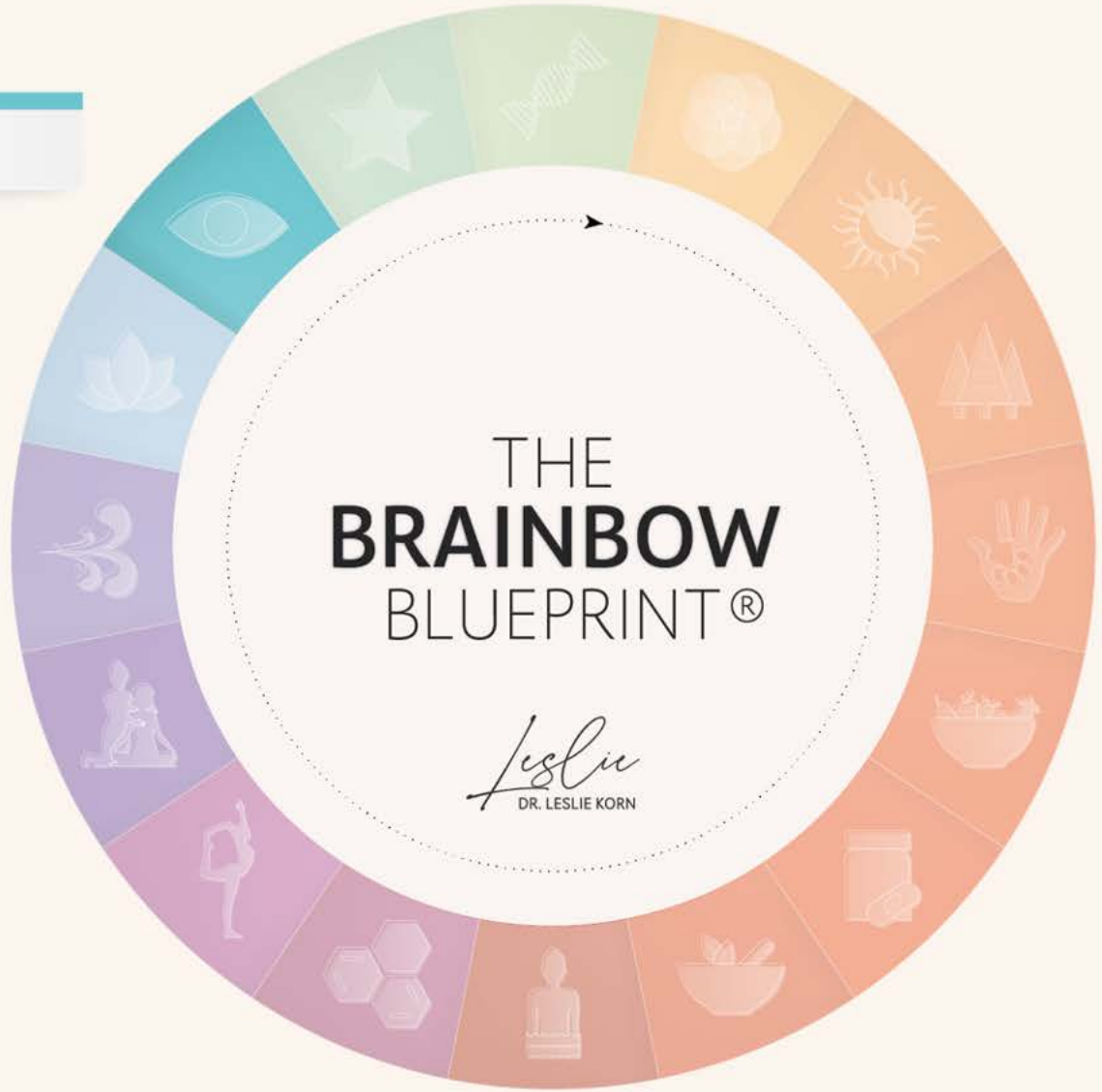


Instructor Background and Experience

- Mexico
- Entheogens and psychoactive plants
- Transpersonal Psychotherapy
- Altered States exploration
  - Anomalous cognition
  - Lucid dreaming
  - Ritual practices to alter states
- Hypnotherapy and trance states
- Trauma and Dissociation treatment

Datura/toloache

Altered States



SPECTRUM OF NONORDINARY EXPERIENCE

Different doors into the same landscape of human consciousness

INTEGRATED ← CONTINUUM OF HUMAN EXPERIENCE AND MEANING-MAKING → DISRUPTED

ORDINARY AWARENESS

Everyday waking consciousness

EXAMPLES

- Routine perception
- Ordinary thinking
- Typical sense of self
- Everyday emotions

ALTERED STATES OF CONSCIOUSNESS

Changes in awareness, perception, identity, or sense of time

EXAMPLES

- Meditation
- Hypnosis
- Trance
- Flow states
- Dreams
- Sensory deprivation
- Breathwork
- Psychedelics

EXCEPTIONAL EXPERIENCES

Unusual experiences that differ from ordinary expectations and are often meaningful

EXAMPLES

- Mystical experiences
- Sensed presence
- After-death communication
- Apparitions
- Synchronicities
- Mediumistic experiences
- Spiritual awakenings

ANOMALOUS COGNITION

Experiences involving information or perception that appear to transcend conventional explanation

EXAMPLES

- Precognitive dreams
- Telepathy
- Remote viewing
- Clairvoyance
- Intuitive knowing
- Anomalous information acquisition

EMERGENT PHENOMENA

Nonordinary experiences arising during periods of transformation, healing, or awakening

EXAMPLES

- Kundalini phenomena
- Energy experiences
- Visions and inner imagery
- Integration challenges
- Psychedelic aftereffects
- Spiritual emergence

SPIRITUAL EMERGENCY OR PSYCHOPATHOLOGY

When experiences become overwhelming, distressing, or impairing

EXAMPLES

- Disorientation
- Loss of grounding
- Intense fear or anxiety
- Impaired functioning
- Need for clinical support
- Possible psychotic disorders

THE SAME TYPES OF EXPERIENCES CAN OCCUR ANYWHERE ALONG THIS SPECTRUM.

Context, meaning, support, and integration determine impact.

PATHWAYS / CATALYSTS THAT MAY LEAD TO NONORDINARY EXPERIENCES

- Meditation & Contemplative Practice
- Prayer & Devotion
- Ritual & Ceremony
- Fasting & Dietary Practices
- Breathwork & Body Practices
- Sensory Modulation (Isolation, Silence, Darkness)
- Nature & Immersion
- Psychedelics & Entheogens

States of Consciousness

- **Altered States of Consciousness:** Changes in awareness, perception, identity, emotion, or sense of time (e.g., meditation, trance, dreams, flow, hypnosis, psychedelics, and dissociation , positive and neg)
- **Exceptional Experiences:** Subjectively meaningful experiences that differ from ordinary expectations (e.g., sensed presence, after-death communication, mystical experiences, mediumship)
- **Anomalous Cognition:** Experiences involving apparent acquisition of information beyond conventional explanation (e.g., precognitive dreams, telepathic impressions, remote viewing)
- **Entheogenic Experiences:** Experiences arising in the context of psychedelics or sacred medicines

Topic Importance and Addressing the Gap

- Why this topic is important to Mental Health, Nursing and Medical Professionals
- Addressing the gap in training
  - Rapid growth of psychedelic therapy research
  - Limited MH and nursing education and training
- MH clinicians and nurses play key roles:
  - Assessment and screening
  - Monitoring safety
  - Integration and support
- Need for knowledge-based on the sciences: evidence that combines modern research with traditional Indigenous wisdom sciences

What's Emerging in Psychedelic Care?

- Focus shifting from efficacy → implementation
- Psychedelic competencies entering MH and nursing education
- Greater emphasis on access and equity
- Exploration of community and group-based care models
- Increased attention to workforce development and training
- The next challenge is not whether PAP works, but how health systems can deliver it safely, ethically, and equitably.

Eshkevari, et al. 2026

Why Indigenous Knowledge Matters

- Indigenous practices shaped modern psychedelic use
- Ritual and setting add depth to therapeutic outcomes
- Western reductionism risks stripping essential meaning
- Healing is cultural, relational, and spiritual

READING: Indigenous Philosophies and Psychedelic Renaissance

MANY WAYS OF KNOWING.

PARALLEL STRENGTHS. DEEPER UNDERSTANDING.

EVIDENCE-BASED BIOMEDICAL SCIENCE

OBSERVATION & INQUIRY
Systematic observation, hypothesis, and research questions

EVIDENCE & TESTING
Controlled studies, experiments, and data collection

MECHANISMS & EXPLANATION
Focus on biological mechanisms and cause–effect relationships

EVALUATION & STANDARDS
Peer review, replication, and established standards of quality

APPLICATION
Clinical guidelines, treatments, and public health

GOAL
Prevent, diagnose, treat, and improve health outcomes

PHARMACOLOGY
- Isolate and identify active compounds
- Determine dose, efficacy, and safety
- Understand pharmacokinetics/dynamics
- Standardize for consistency and purity
- Develop medicines and therapeutics

PARALLELS: WHAT WE SHARE

CURIOSITY & OBSERVATION
Careful attention to patterns in the natural and human world

SYSTEMATIC APPROACHES
Organized ways to gather, interpret, and make sense of information

EVIDENCE MATTERS
Reliance on experience, testing, and real-world results

ETHICS & RESPONSIBILITY
Commitment to do no harm and care for people and communities

IMPROVING WELL-BEING
Knowledge is used to support health, balance, and resilience

KEY DIFFERENCES

Often reductionist	⟷	Holistic & relational
Short- to medium-term studies	⟷	Long-term, intergenerational perspective
Individual-focused	⟷	Community & ecosystem-focused
Universal protocols	⟷	Context-specific practices
Written, published, global distribution	⟷	Oral, experiential, place-based transmission

INDIGENOUS SCIENCE & TRADITIONAL MEDICINE

OBSERVATION & RELATIONSHIP
Deep, sustained observation through relationship with land, beings, and spirits

KNOWLEDGE GENERATION
Guided by elders, experience, and community validation

UNDERSTANDING & MEANING
Holistic understanding of mind, body, spirit, community, and environment

VALIDATION & ACCOUNTABILITY
Time-tested through generations, ceremony, and real-world results

APPLICATION
Plant medicines, ceremonies, lifestyle practices, and healing approaches

GOAL
Restore balance, strengthen relationships, and promote collective well-being

PHARMACOLOGY
- Deep knowledge of medicinal & psychoactive plants
- Understand effects on body, mind & spirit
- Know preperation, dosage, timing & context
- Synergistic formulas and whole-plant use
- Passed down through experience and lineage

Emerging Trends, Psychotherapy Matters

- Psychedelic Assisted Psychotherapy increasingly integrated
- MDMA studied as an enhancer of exposure and cognitive processing
- Focus shifting from "mystical experiences" to mechanisms of change
- Future directions
  - MDMA + Cog Processing Therapy
  - MDMA + Exposure Therapy
  - Process-based psychedelic interventions (flex and insight vs Dx)

Skinta & Williams 2025

Spiritual, Existential, Religious, and Theological, Matters

- Spiritual, Existential, Religious, and Theological (SERT)
- Spiritual experiences are common in PAP
  - Explore before explaining
  - Neither dismiss nor define the experience
  - Support meaning-making and integration
  - Practice curiosity and cultural humility
- Not 'What did it mean?' but 'What meaning does it hold for this person?'

Palitsky, R., et al. 2023

Why Do We Alter Our Consciousness?

- To relieve suffering
- To regulate emotion
- To create meaning
- To connect with self, others, nature, or spirit
- To heal trauma
- To transcend ordinary awareness
- To escape distress
- To explore new possibilities of being
- The same impulse that leads to prayer, ritual, meditation, psychotherapy may lead to alcohol, drugs, compulsive behaviors, other self-medication
- **The Korn Principle of Substitutions**

Altered States Across Cultures

- Altered states of consciousness: universal across human societies
- Intentionally cultivated throughout history
- Drumming, chanting, fasting, meditation, ritual ceremony
- Non-ordinary states for healing, insight, connection
- Considered normal, valuable—not pathological
- Meaning shaped by cultural context

Michael Winkelman, Erika Bourguignon

Culture Shapes Meaning

- Western model: symptoms → diagnosis
- Hallucinations → pathology
- Traditional models: visions → communication
- Trance → healing, initiation
- Same experience: pathology or transformation
- Meaning determines outcome

Stanislav Grof, Arthur Kleinman, Tanya Luhrmann

Altered States

Clinical vs Cultural Frame

- Clinical model: symptom, disorder, dysfunction
- Cultural model: meaning, process, transformation
- Same experience interpreted differently across systems
- Context determines whether experience is adaptive or pathological
- Our role as clinician: assess function, not just symptoms
- Cultural Formulation Interview

https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM5_Cultural-Formulation-Interview.pdf

Stanislav Grof, Arthur Kleinman, Tanya Luhrmann

ONE EXPERIENCE, MANY MEANINGS

Cultural context shapes how we interpret, understand, and respond.

SAME EXPERIENCE	WESTERN BIOMEDICAL LENS	INDIGENOUS & TRADITIONAL LENS	CULTURAL & SPIRITUAL LENS	ADAPTIVE UNDERSTANDING	WHEN IT MAY BECOME DISRUPTIVE	COMPASSIONATE RESPONSE
HEARING VOICES	Possible sign of psychosis or schizophrenia	Communication with ancestors, spirits, or guides	Spiritual calling, mediumship, or divine connection	Meaningful guidance, connection, and purpose	Distress, fear, loss of control, or impaired function	Culturally informed assessment, safety, support, and meaning
DISSOCIATION EXPERIENCES	Dissociative disorder due to trauma or stress	Soul flight, vision quest, or spirit journey	Trance, expansion of consciousness, spiritual initiation	Adaptive protection, coping with overwhelm or danger	Emotional numbing, relationship breakdown, amnesia	Trauma-informed care, grounding, meaning integration
POSSESSION EXPERIENCES	Possible psychosis, delusional disorder, or seizure activity	Spirit possession, healing by ancestral energy	Ritual expression, spiritual transformation, sacred role	Identity affirmation, healing, connection to community	Loss of control, family/community conflict, danger	Cultural collaboration, support systems, ceremony when appropriate

CONTEXT IS NOT JUST BACKGROUND—IT IS MEANING. The same experience can be pathologized, sacred, healed, or ignored—depending on who is listening and how.

CULTURAL HUMILITY • OPEN INQUIRY • DEEP LISTENING
RELATIONSHIP • SAFETY • MEANING-MAKING

Spectrum of States

Controlled vs. Uncontrolled is major marker

- Traumatic: involuntary alterations in consciousness, perception, memory, and identity.
- Continuum of substance use or abuse
- Ritual: drumming, meditation, mediumship, psychotherapy, psychedelics intentionally facilitate altered states
  - A framework of purpose and support: choice shifts in ordinary awareness
  - Agency, context, meaning, and integration differs
- Therapeutic and ritual practices use altered states to promote insight, healing, adaptation, transformation
  - Neither inherently pathological or therapeutic
  - Depends on context, preparation
- The purpose is not simply altered experience: access to new knowledge, healing, adaptation, transformation
- **The challenge is not entering the state; it is returning with something useful**

Clinical Spectrum of Altered States

Altered states exist on a continuum

Adaptive/Everyday

- Flow, meditation, prayer, creativity
- Protective/Adaptive Dissociation
  - Temporary detachment during stress
  - Enhances survival and perception

Maladaptive/Clinical

- Chronic dissociation
- Depersonalization/derealization
- PTSD-related fragmentation

Clinical Marker

- Healthy = flexible + functional
- Pathological = rigid + impairing

READING: Altered Beliefs of Psychedelic Experience

Adaptive vs Maladaptive Altered States

- Adaptive altered states
  - Flexible, time-limited, integrated
  - Enhance creativity, insight, emotional processing
- Maladaptive states
- Loss of self-regulation, functional decline
  - Distinction: flexibility vs rigidity, integration vs fragmentation

Onno van der Hart

Altered States as Survival Mechanisms

- Nervous system response to overwhelm
  - Shifts in perception, time, and self
  - Enhances detection of threat and internal signals
- Can become default pattern after trauma
- Dissociation at time of trauma may be risk for PTSD
- Adaptive → becomes maladaptive when persistent
  - PTSD arises when dissociation at time of the trauma

Stephen Porges, Pat Ogden, Leslie Korn

When Altered States Become Pathological

- Loss of functioning in daily life
- Inability to regulate emotions or behavior
- Persistent distress or disorganization
- Lack of integration after the experience
- Differential diagnosis: trauma, psychosis, substance-induced

Judith Herman, Mardi Horowitz

Trauma as an Altered State

- Adverse alterations of the nervous system
- Decreases effectiveness of the stress response, desensitization
- Head injury (common)
- Chronic dissociativity
- Inability to self-regulate
- Chronic emotional instability
- Challenges to engage self-care
- Hopelessness, disconnection, loss of meaning

The Dis-ease of Disguise

- Traumatic stress, complex trauma is underdiagnosed and misdiagnosed
- Dissociation is "disguised" in other symptoms
- Somatic complaints are often dissociative
- Chronic physical and emotional problems
  - Pain, depression, insomnia, tobacco, substances, elective surgeries, headaches

Clinical Assessment of Altered States

- Assess safety: risk to self or others
- Assess stability: mood, cognition, behavior
- Assess context: cultural, spiritual, environmental
- Assess meaning: distress vs. insight
- Do not assume pathology without context

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Dissociation Spectrum

- A disruption in the normal integration of consciousness, memory, identity, emotion, perception, and bodily awareness.
- Dissociation exists on a continuum
  - Daydreaming, absorption, flow
- Moderate: detachment under stress
- Severe: depersonalization, derealization, fragmentation
- Protective in short-term, impairing when chronic
- Common in trauma and PTSD

See:David Speigel

Clinical Assessment of Dissociation

- Screening: Dissociative Experiences Scale: 2
- Diagnostic: Structured Clinical Interview Scale for DSM Dissociative Disorders (SCID)
- Self-reporting: Multidimensional Inventory of Dissociation

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Assessment

Dimensional Altered States of Consciousness Scale 11D-ASC

- A validated self-report questionnaire used to measure subjective experiences during altered states of consciousness, especially in psychedelic research. (updated earlier 5D-ASC) (not used diagnostically)
- Psychedelic-assisted therapy research
- Meditation and breathwork studies
- Consciousness research
- Neurophenomenology
- Measures
  - Therapeutic/transcendent experiences (unity spirituality, etc.
  - Challenging or destabilizing experiences (impairment, anxiety, etc.

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READING: Validated, Widely used, across substances and experiences

Clinical Cases

- A trauma survivor who is from the star constellations
- A bereaved person sensing a deceased loved one
- A bereaved person in Australia who cuts themselves when grieving
- A meditator having a unitive experience and deciding to live in India Tibet, leaving their job and family
- A person after ayahuasca reporting telepathic knowing and telling everyone about it

Honey Kochphon Onshawee, CC 01.0

Trauma-Informed Psychedelic Care

- Screen for dissociation and trauma history
- Assess readiness and internal resources
- Titrate exposure to traumatic material
- Incorporate somatic grounding
- Provide robust integration support
- Monitor for: emotional flooding
- Identity disruption
- Derealization/depersonalization
- Persistent destabilization

Psychedelic Iatrogenic Structural Dissociation (PISD)

- Psychedelics can rapidly dissolve dissociative defenses
- Unintegrated traumatic material may emerge too quickly
- Risk may be greater in individuals with
  - Complex trauma
  - Developmental trauma
  - Attachment disruption
  - Dissociative tendencies
- Altered states do not automatically lead to integration
- What is meant to heal may overwhelm with lack sufficient resources

Elfrink & Bergin, 2025

Psychosis Risk and Psychedelic Use

Emerging Evidence

- Large longitudinal study of U.S. and U.K. adults
- No significant increase in psychotic symptoms associated with psychedelic use in the general population
- Exception: Individuals with a personal or family history of bipolar disorder showed increased psychotic symptoms
- Among those with a personal history of psychotic disorders, psychedelic use was associated with fewer reported psychotic symptoms
- Findings support the importance of careful screening rather than universal exclusion

Honk et al. 2024

Protective Factors

- Psychological stability
- Capacity for insight and reflection
- Supportive environment and relationships
- Preparation and intention
- Access to integration support

Set and Setting for Altered States and Psychedelics

- Mindset shapes experience (set)
- Environment shapes experience (setting)
- Intention, expectations, emotional state
- Context determines safety and outcome
- *Case: Ketamine clinic on the highway*

Timothy Leary, Norman Zinberg