



SACRED BLOOM COLLEGE

PSYCHEDELIC FACILITATION TRAINING

PREPARATION & INTEGRATION

WORKBOOK

A Sacred Bloom College course resource for reflection, preparation, integration, and facilitator practice

Ethical • Grounded • Reflective

Course edition • 2026

Sacred Bloom College



How to Use This Workbook

This workbook supports the preparation and integration portions of the Psychedelic Facilitation Training. It is designed for reflection, skill-building, discussion, and course exercises. Complete the prompts as directed in your course unit and keep your responses with your other coursework.

About Sacred Bloom College

Sacred Bloom College develops thoughtful, ethics-centered education in psychedelic care, facilitation, and integration. This workbook reflects that approach by emphasizing reflection, consent, role clarity, and grounded practice rather than certainty, outcome promises, or one-size-fits-all interpretations.

Educational scope

This workbook is an educational resource. It is not a medical screening tool, a treatment protocol, or a substitute for individualized medical or mental-health care. Facilitators should work within their training, role, and applicable legal and professional boundaries.

Intentions Versus Expectations

Expectations can narrow attention around a specific outcome: what the experience is supposed to look like, what it is supposed to reveal, or how a person is supposed to feel afterward. Psychedelic experiences can be unpredictable, and a fixed expectation may make it harder to notice what is actually occurring.

Intentions are different. An intention identifies what a person hopes to explore, understand, practice, or bring attention to while leaving room for uncertainty. In facilitation, intentions can help orient the process without becoming promises about what the experience will produce.

Facilitator lens

Support intentions without prescribing meaning. A facilitator can invite curiosity, consent, reflection, and choice; the facilitator should not decide in advance what a participant “needs” to experience or what an experience “means.”

What are your intentions for this training or for the work you are preparing to support?

What expectations are you holding that you may need to loosen or examine?





Preparation: Creating Conditions for Thoughtful Work

Preparation helps a person clarify intentions, identify practical and emotional supports, and enter an experience with more awareness of uncertainty. It does not guarantee a particular outcome, and it should not be used to bypass appropriate screening, informed consent, or professional care.

Possible Areas of Reflection or Change

People may describe a wide range of effects after psychedelic experiences. These vary substantially from person to person and are not guaranteed. Areas that may become important in reflection include:

- New perspective or a different way of seeing a familiar problem
- Emotional processing, including grief, fear, shame, anger, or compassion
- Greater awareness of habits, values, relationships, or personal priorities
- Motivation to make behavioral or lifestyle changes
- Questions about identity, purpose, spirituality, or meaning
- A desire for reconnection, support, or further therapeutic work
- Confusion, uncertainty, distress, or material that takes time to understand

Purpose of Preparation

Preparation is not about controlling the experience. It is about helping a person identify what matters, understand the context and limits of the work, anticipate practical needs, and recognize the supports they may need before and after an experience.

Sacred Bloom practice cue

When you hear a claim about a “benefit” of psychedelic work, ask: Is this a possibility, a research finding in a defined population, a personal report, or a promise? Ethical facilitation depends on knowing the difference.

Which areas above feel most relevant to the kind of facilitation work you want to understand?



Mental Preparation

- 1. Clarify intentions:** Name what matters without turning the intention into a required outcome. Keep the wording open enough to allow surprise, uncertainty, and change.
- 2. Develop a curious-observer stance:** Practice noticing thoughts, emotions, body sensations, and impulses without immediately treating them as instructions or facts. Curiosity can create space between an experience and a reaction to it.
- 3. Prepare for discomfort:** Altered states may include fear, confusion, emotional intensity, or unfamiliar sensations. Preparation can include discussing grounding preferences, consent, communication, and what kinds of support are welcome if distress arises.
- 4. Expect uncertainty:** A psychedelic experience may not follow a predictable narrative. Preparation should make room for ambiguity rather than encouraging a participant to force an interpretation in real time.
- 5. Reduce avoidable stressors:** Where practical, create space before and after an experience for rest, nourishment, transportation, privacy, support, and reduced demands. These logistical factors can affect how safely and thoughtfully a person engages with the process.

Important

Mental preparation does not replace medical or psychiatric screening. Questions about medication, diagnosis, contraindications, acute risk, or clinical eligibility belong with appropriately qualified professionals and applicable protocols.

What helps you stay grounded when you are uncertain, emotionally activated, or outside your usual frame of reference?



Preparation Support Map

A useful preparation conversation looks beyond intention alone. Use this page to identify the practical, relational, and professional supports that may matter before and after an experience.

People & Relationships Who is part of the support system? Who should know about the plan? 	Professional Support Who is available for clinical, therapeutic, or integration support if needed?
Practical Logistics Transportation, schedule, privacy, food, sleep, responsibilities, communication. 	Grounding Preferences What tends to help with anxiety, sensory overload, emotional intensity, or uncertainty?
Boundaries & Consent What kinds of touch, language, prompting, or proximity are welcome or not welcome? 	Escalation Plan What signs would mean additional clinical or emergency support is needed?

Facilitator Reflection

Which parts of this map belong within a facilitator's role, and which should be routed to another professional?



Integration

Integration is the process of making sense of an experience over time and deciding what, if anything, should be carried into everyday life. It can include reflection, emotional processing, behavior change, relationship work, spiritual meaning-making, and continued clinical care. Integration is not a requirement to turn every experience into a lesson, and meaning may remain uncertain.

Preparing for Integration

- 1. Learn before the experience:** Understand that integration takes time. Normalize that insights may change, deepen, or become less certain after the acute experience ends.
- 2. Track what stands out:** Record themes, emotions, images, questions, body sensations, and possible insights without forcing them into a final interpretation.
- 3. Arrange support:** Identify trusted people and qualified professionals who can help with reflection, practical follow-through, or clinical concerns when appropriate.

A Five-Step Integration Process

1 RECEIVE	Notice and record what came up before, during, and after the experience: perceptions, emotions, conversations, memories, questions, feedback, and emerging insights.
2 PROCESS	Create time and space to reflect on what the material may mean psychologically, practically, relationally, culturally, or spiritually — while allowing uncertainty to remain.
3 ACT	Identify one or more grounded actions that align with the person's values, responsibilities, relationships, health, or ongoing care.
4 RELEASE	Consider what may no longer be useful: a habit, assumption, pattern, commitment, or way of relating. Avoid pressuring someone into abrupt life changes based only on an acute experience.
5 PRACTICE	Reinforce helpful changes through repetition, support, routines, accountability, therapy, community, or other appropriate structures.



Integration Practices

Integration can use many different practices. The appropriate choice depends on the person, context, culture, goals, clinical needs, and scope of the practitioner. A practice should support reflection and functioning — not become another source of pressure or an implied requirement.

Common Low-Intensity Practices

- Journaling or structured reflection
- Gentle movement, stretching, walking, or time in nature
- Mindfulness or meditation practices that the person already tolerates well
- Breath awareness or other non-coercive grounding practices
- Creative expression: art, music, movement, or writing
- Supportive conversation with trusted people
- Values clarification and small behavior-change experiments
- Integration with a qualified therapist, clinician, spiritual-care provider, or other appropriate professional

Sacred Bloom discernment cue

Some approaches sometimes described as “integration” require additional training, clinical judgment, informed consent, or legal/ethical review. Do not assume a modality is appropriate simply because it is associated with psychedelic culture. Evaluate evidence, risk, competence, scope, and the individual person’s needs.

Integration Questions

- How do you feel about the experience now?
- What themes, emotions, images, or questions keep returning?
- What feels clear, and what still feels uncertain?
- What changed in the way you see yourself, other people, or your circumstances?
- Is there anything you are tempted to act on immediately that would benefit from more time or consultation?
- What support would help you integrate this safely and realistically?



Integration Reflection

Use this page to capture the experience without forcing a final interpretation. You can return to these questions more than once; what feels important may change over time.

What feels most emotionally significant right now?

What themes or patterns do you notice?

What remains confusing, unresolved, or difficult to name?

What would you like to explore with a supervisor, therapist, clinician, or trusted support person?



From Insight to Action

Integration becomes more durable when reflection is translated into realistic behavior. Focus on small, observable steps rather than dramatic promises made in the immediate aftermath of an experience.

Insight / Theme	One grounded action	Support / accountability	Review date

Four-Week Integration Check-In

Week 1: What did I practice? What changed? What support do I need next?

Week 2: What did I practice? What changed? What support do I need next?

Week 3: What did I practice? What changed? What support do I need next?

Week 4: What did I practice? What changed? What support do I need next?

Slow down major decisions

When an experience creates urgency around relationships, finances, work, housing, medication, or other major life decisions, consider time, consultation, and appropriate professional input before acting.



Facilitator Integration Lens

For trainees, integration is also a practice of restraint. The facilitator's job is not to supply the "correct" interpretation of an experience. The work is to support reflection, consent, agency, context, and appropriate next steps.

Core Practices

- Use open, non-leading questions.
- Reflect the participant's language before offering your own framing.
- Avoid treating symbolic, spiritual, or autobiographical material as objectively true simply because it emerged in an altered state.
- Watch for dependency, authority dynamics, boundary crossings, and pressure to disclose.
- Document and consult when material exceeds your competence or role.
- Refer or escalate when there are clinical, safety, medical, or emergency concerns.

Self-Reflection

Where am I most likely to impose my own beliefs, interpretations, or preferred methods?

What are the limits of my current role and competence?

What signs would tell me to consult, refer, or escalate?

Sacred Bloom course takeaway

Preparation creates conditions. Facilitation supports process. Integration unfolds over time. None of these should be used to promise outcomes, override consent, or replace care that requires a qualified professional.