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Title:

Dynamics and Protocols for Aftercare and Integration Services for Ibogaine Therapy

The protocol for our after care and integration house was derived from discussions with a number of different providers. Our objective was to extend the length of time for recovery and prepare the client for their return to a home environment. The gradual disuse of the words 'after care' came from the awareness that it was not necessarily helpful to the recovering client to receive 'care' after their treatment. Instead, we try to help them 'integrate' their ibogaine experience with their daily lives, with personal responsibility as the functional tool. The program should have a strong foundation of Comfort, Companionship, Communication, Physicality and Planning. As much as we will benefit from discussing these hard aspects of integration assistance, the real work comes in the soft-focus areas of recovery; nurturing, remaining emotionally available, exhibiting compassion...

Throughout this conference we keep remarking that every one is different. In planning and providing ibogaine therapy aftercare and integration, our effectiveness depends upon our ability to be flexible. We have to do our best to provide what each new client might need to help them succeed, and this resists formulae. Instead, the provider has to think on his/her feet and be prepared to change their offerings. Also, establishment and maintenance of personal boundaries is a primary consideration for a detox aftercare, particularly if living spaces are shared. Boundaries protect us from negative behaviors: some behaviors common to addicts, such as lying and emotional manipulation, are difficult to interrupt, even with ibogaine. Boundaries also help clients to form their own personal responsibility.

Comfort is a core need for successful integration. We selected a house with plenty of grounds, different gathering areas, soft beds, cross-breezes and an enormous kitchen. The integration house is in a convivial, social neighborhood. The

neighborhood was chosen for its proximity to the village and the beach. Another aspect of comfort follows from considering that our clients' treatment is ongoing. They should be checked on several times a day, to make sure their process is still moving, and that they can take their time with it. At any rate, as a caregiver, providing comfort means allowing the client to confidently address their other impending issues. More advantageous than being in the village, and we can see it in the future of the integration house, is a location in the country or forest, away from the distraction of the village. It will involve light agriculture and offer light labor for the aftercare guests. That site would present a different aspect of integration, more focused on the self than the society.

Companionship is a difficult piece of the puzzle for some users, who have the tendency to isolate. Being together with other people, people who are on their individual paths, is a challenge to the ego for some people. We benefit from experiencing others' presence because it helps put our own experience in context. Part of companionship means being available even when client relationships are difficult or demanding. This is normal and it happens when things in our conversations steer away from the casual. In our recovery, we have to face these complicated situations when they arise, and the key during our stay at the integration house is to keep talking. Companionship is the physical element to availability.

Integration house staff tries to establish and maintain only peer-to-peer relationships with clients, in other words, when communicating we avoid the temptation of appearing to be an advisor or guide. We do include optional professional counseling for each client, giving him or her the opportunity to talk in specific therapeutic contexts about some of their challenges. But most clients spend only an hour with the counselor, and peer-to-peer takes over again. It is difficult to make certain clients 'get over' their 'war stories' and we may have to specifically steer conversations away from tales of using or scoring. We drive the conversation on to something less destructive, and more about things that express a healthier self.

As addicts we tend to neglect our bodies. With aftercare and integration we try to reconnect people with their bodies by providing good food, body work and encouraging exercise and outdoor activities. Nutritionally we focus on the generous supply of local offering: fruits and vegetables as well as fish

and shrimp from this bay, delicious local eggs. For supplements we have some neurotransmitter assists (GABA for depression, tight muscles, tryptophan for over stimulation or restlessness, L-tyrosine for listlessness), fish oils, B vitamin boosters and, for sleep aids, melatonin, medicine brownies or benzodiazepine. For bodywork, we are using a combination of energy work and massage in one-hour treatments within 3-5 days after treatment. These are the days the nor-ibogaine is 'setting up' and systems in the treated bodies are really waking up. (Note: I have observed that in many opiate detoxes the 'down time' is exactly 7 days from the beginning of ibogaine ingestion ('down time' being the length of time in which the client's energy and sense of well-being is taxed)). We also advocate and encourage reflexology and acupuncture to reopen energy channels. We encourage physical activity, particularly walking about the village, through the jungle and to the beaches, where we get more exercise. Finally, we lead all of our clients in easy chi gong practice, every morning at 9 am. This is a centering, meditative sequence that is simple to learn.

Successfully integrating with non-addictive behaviors during after care is easy. We are away from our stresses and triggers, we're away from our families, using friends and jobs. But it's going to be the client's hardest work to plan for their return home: what will 'integration' mean there? Is the home or job or friends going to expose the client to using, or triggers? What is the support system? What other steps to recovery will be taken, including groups, therapy, body arts or diet? These and other questions need to be answered in an honest way during the 'Planning' phase. The plan should include short term and long term version of what recovery looks like for the individual. The planning takes shape best when we actually write it down and examine it. The written plan can be referred to even months after ibogaine therapy to evaluate our progress. The plan is also a great source of written communication between the client and the integration facilitators.

Finally, if we consider the 'rebirthing' aspect of an ibogaine treatment, we have to appreciate the need for nurturing. Nurturing clients is a distinct activity from client to client, as each has different needs. Generally, our shared desired being 'integration', we provide the client basic compassion. Listening is the most important thing we do. Personal experience with addiction is nearly essential to the successful integration staff member, for out of this connection with the client comes a wealth of trust. They will see aftercare

house staff as peers who have made the therapeutic use of ibogaine work successfully for them: living well and free of addictions is a powerful illustration. We provide the evidence of integration by example.

Integration of an ibogaine experience takes a long time. For myself, I am still processing and working with my initial ibogaine treatment, more than 4 years ago. I am still learning about what kept me in an insipid addictive cycle for 18 years. To offer a two-week experience with ibogaine and aftercare is sufficient for many; others would benefit from an even longer integration period, but every client is different. The facilitator of aftercare and integration services should provide opportunities for comfort, companionship, listening, body awareness, nutritious food, assistance planning and nurturing. Observation of integration clients has led me to the conclusion that a specific program is important, but it must not be rigid, as an individual's development depends on their basically unique make-up and emotional state. By doing the hardest part of the work--being emotionally available ourselves--we will be fulfilling one of the messages of the medicine. It's about the heart, not the head.