

WHAT IS Empath Integrative Somatic Psychotherapy (EISP)



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Dr Lani Roy is now offering Empath Integrative Somatic Psychotherapy (EISP), a transdiagnostic approach to therapy that can be utilised with cannabis and/or ketamine or as a stand-alone non-medicine process.

Empath Integrative Somatic Psychotherapy draws upon modern clinical theory and ancient wisdom traditions, tailored to each person's therapeutic needs.

Dr Lani Roy's approach incorporates the somatic, relational, transpersonal, and metacognitive domains. The client is supported to explore parts, shadow work, legacy burdens and their wider relational field within the context of attachment, trauma informed therapy, and metacognitive enhancement.

Dr Lani encourages the client to be present with arising sensations by voluntarily reducing defence mechanisms and copying techniques that have built up across a lifetime.

This process is called **Selective Inhibition**, which is utilised across many modalities throughout somatic and therapeutic literature. The approach supports clients to drop into their primary consciousness and experience raw autonomic nervous system states such as flight fight, freeze, fawn and dissociate. The therapist holds a container of secure attachment and helps the client bring association to their specific nervous system states, unresolved trauma and defense mechanism. During the process, the client may experience somatic releases in the form of somatic waves, emotional releases, non-verbal memories, transpersonal connections, and insight.

Metacognitive skill development is paired with attachment informed care which can support meaning making, and the stabilisation of embodied behavioural change.

Integrative Psychedelic Somatic Psychotherapy may involve touch if the client requests this support. This may take the form of hand holding, a light touch on shoulder or holding a foot for grounding. Sustained eye contact can be utilised to help evoke and explore both negative and positive transference. Client consent contracts are created, and all sessions can be recorded for safety and quality assurance. The depth of this work can only be achieved if both the client and therapist are building a solid foundation of safety.

Dr Lani Roy actively embodies the 5 Pillars of Attachment within the therapeutic relationship so that the client has a strong foundation to explore their deep relational wounding.

- A sense of felt safety
- A sense of being seen and known (attunement)
- The experience of felt comfort (soothing)
- Sense of being valued (expressed delight)
- Sense of support for being and becoming one's unique best self

Non-medicine sessions are a part of this modality and are essential to integrate the insights and experiences of the psychedelic sessions without the effects of the medicine. Integrative practices may include creative, musical, contemplative and somatic based practices.

UNDERSTANDING EMPATHY INTEGRATIVE SOMATIC PSYCHOTHERAPY (EISP) & POLYVAGAL STAGES



The Signs of Life
PSYCHOLOGY

Integrating science and the sacred

EISP

EISP is a transdiagnostic approach to therapy that can be utilised with cannabis and ketamine or as a stand-alone non-medicine process. EISP engages with the autonomic nervous system, overseeing processes related to the **somatic, relational, transpersonal, and metacognitive domains**. The client is supported to explore parts, shadow work, legacy burdens and their attachment modeling throughout trauma informed somatic therapy and metacognitive awareness.

Polyvagal Theory

The polyvagal approach to therapy is based on the knowledge that the autonomic nervous system is shaped by **early experience and reshaped with ongoing experience**. Learning to safely listen to your autonomic stories and shaping your systems toward safety and connection is crucial. With professional assistance, you can actively operate your somatic system, tuning into your nervous system and reshaping involuntary responses (fawn, freeze, fight and dissociate) through experiential exercises, whether in therapeutic professional sessions or at home.

Polyvagal Theory invites you into the science of feeling safe enough to embrace the challenges. By bringing explicit awareness to the implicit workings, you can become a regulated and regulating resource for your wellbeing and those around you.

3 Organising Principles of the Polyvagal Theory:

01

Autonomic Hierarchy

The autonomic nervous system is divided into 3 parts, each with its own set of protective actions and shapes your life experiences.

Beliefs, behaviours, & body responses are built into this system and created by your lived experience.

- Dorsal vagal system which brings strategies of immobilization.
- The sympathetic system, which involves, flight, fight, freeze and fawn.
- The most recent to evolve is the ventral vagal system offers safety through connection and social engagement.

02

Neuroception

Is the autonomic nervous system's detection without awareness, interacting with the world.

- Working below the level of awareness, it listens inside the body, outside in the environment, and in the relationships between people

- Reshaping the autonomic nervous system involves making the implicit experience explicit by bringing perception to neuroception and then adding context through the lens of discernment.

03

Co-regulation

A biological imperative essential to survival.

- The ability to self-regulate is built on ongoing experiences of co-regulation. We can connect with others, creating a shared sense of safety.

- With a reliable, regulating other, reciprocal engagement builds safety in connection. Many clients lack this earliest experience of being with a safe person in a safe place.

1- Autonomic Hierarchy

Polyvagal Theory reveals that responses **adaptive** for survival in the past may bring suffering in the present. Trauma stories are held in autonomic pathways that are tuned to a low threshold-high intensity pattern of responding. Trauma survivors often suffer from **unpredictable, rapid, intense, and prolonged states of dysregulation**. This autonomic imbalance and lack of flexibility leads to both physical and psychological health problems.

When events are beyond the capacity of the ventral vagal system you will begin to move predictably up and down the hierarchy from social engagement, mobilisation, and immobilisation (lifelessness).

The autonomic nervous system creatively finds a way out through **numbing, disconnection, and dissociation**. In the beginning move out of dorsal vagal collapse, there is a moment of mobilization from the sympathetic nervous system. If not regulated, this necessary infusion of energy elicits the more typical sympathetic actions of fight and flight. Without a regulating influence such as internal resourcing or connection with another person the onset of mobilization is too much. Rather than moving through action into ventral vagal connection, there is a return to dorsal vagal shutdown.

Autonomic Nervous System Reactions in Each Stage of EISP

Safety & Social Connection

State 0: (no stress/threat): Warm, comfortable, relaxed & awake. Your nervous system feels safe and you are able to handle what is coming your way being in a mindful state.



Mobilization: Flight or Fight

State 1: (mild stress/ threat): mild discomfort, restlessness, increased energy, irritation, muscle tension, anxiety, fear, excitement, increased pulse/BP, hyper vigilance, anger, fast thoughts, insomnia, & fidgety.

State 2: (high stress/ threat): intense hot symptoms, severe muscle contraction, terror, rage, panic, hyper ventilation, heat, sweating, shaking, very fast thoughts, & maximum performance.



Immobilization: Freeze or Collapse

State 3: (moderate trauma/ overwhelming threat): dual activated, mixed hot & cold symptoms, lethargy, collapse, sleepiness, nausea, sensations of weight and cold, slowed motor and speech responses, helplessness, hopelessness, confusion, visual distortion (foggy or tunnel vision), & suicidal thoughts.

State 4: (severe trauma/ overwhelming threat): blank, depersonalisation, lack of body sensation, emotionally flat, seemingly calm, lack of awareness, absent body parts, distinct lack of suicidal impulses, out of body experiences & relatively clear cognitive process



2- Neuroception

The autonomic nervous system **listens intently, searching for cues of safety and watching for signs of danger to help you orient and act.** This internal surveillance system takes in a constant stream of information and responds by making autonomic adjustments that move you either toward connection or into protection. These adjustments are based on the interactions experienced with people and places and works to **accurately inhibit defence systems** in safe situations or activate when threatened.

Therefore, when shaped in an environment that is **unpredictable** and filled with unexpected events, an environment in which you feel unsafe or unseen, neuroception is biased toward **protection** which leads to a mismatch between autonomic state and actual safety or risk. Autonomic patterns can be reshaped through new experiences and bringing attention to the present moment inviting you to consider the origins of cues of danger.



3- Co-regulation

Humans thrive on social connections, and isolation compromises our ability to regulate autonomic states, impacting well-being. If a core component of well-being is the predictable opportunity for co-regulating relationships, then trauma might be described as the chronic disruption of connectedness.

Trauma creates ongoing adaptive survival responses that hinder the autonomic nervous system's ability to find safety in connection. Without experiences of co-regulation, and trust in ongoing opportunities for co-regulation, the autonomic pathways supporting connection remain underutilized, keeping the system ready to act in service of survival.

IPSP is grounded in Dan Browns 5 Pillars of Attachment

Dr Lani supports the client throughout the therapeutic progress and selective inhibition container by offering a secure attachment grounded in the 5 pillars of attachment. Relational wounding requires relational healing. The client processes developmental trauma in their bodies and within the safe relational field. The goal is to support the client to stabilize secure attachment into their sense of being in the world.



WHAT IS THE PSYCHEDELIC PART OF EISP

EISP employs the use of medical cannabis or ketamine. The Therapeutic Goods Administration (TGA) approves medical cannabis for conditions such as ADHD, depression and anxiety. Although cannabis is not a classic psychedelic like psilocybin or LSD, research suggests that it can have a profound capacity to access subconscious and unconscious memory, potentially yielding therapeutic benefits.

Ketamine is used in aiding individuals with PTSD, trauma, and complex PTSD by facilitating potential dissociation from the body. This dissociation allows a wide range of emotions like sadness, hurt, grief, fear, and shame. Ketamine can lower psychological defenses and bodily reactions to memories, allowing an individual to explore their states of consciousness without feedback from the body signaling distress or 'blocks'. These blocks can prevent processing of emotions and memories.

This ability to access otherwise inaccessible parts of our consciousness is why this therapy is psychedelic.

WHAT IS THE EISP PROCESS?

Similar to the Psychedelic Assisted Therapy Process, the EISP Process comprises three phases.

- Preparation: Intake and Assessment, 2 Non Medicine EISP Sessions.
- Dosing: Medicine Assisted Sessions (Cannabis or Ketamine as prescribed by your GP or Psychiatrist respectively)
- Integration: Altered states + somatic/relational healing + metacognitive skills and contemplative practices.

WHAT IS PREPARATION?

Preparation occurs in the weeks leading up to the psychedelic dosing session. Dr Lani Roy and the client work together to design a holistic safety plan with resources and self-care activities to support the EISP journey. This can involve your ecosystem and family so they can be part of the preparation and integration process. For more information on how your loved ones and family can support Tip Sheet.

During **Intake & Assessment**, Dr Lani Roy works with the client to explore their intentions, history, symptoms, desired outcomes, and any other queries they may have.

The **Non Medicine sessions** serve as the groundwork for the psychedelic dosing sessions, fostering a therapeutic bond and understanding between the patient and therapist. This is an important part of the process for the client to experience the somatic and relational field, selective inhibition and transference work without medicine.

WHAT HAPPENS DURING THE MEDICINE ASSISTED SESSIONS?

In the medicine assisted sessions, the client will take their prescribed medical cannabis or ketamine and be invited to explore whatever feelings or sensations are emerging. This is often done with an eye mask to block out extraneous sensory information from the environment and allow the person to really be with themselves. Of course, at any point the client can remove the eye mask to have contact with the therapist. Alternatively, the therapist may act as a relational mirror for the client by assisting them in confronting their attachment wounds through methods such as sustained eye contact and other relational dynamics, exploring both positive and negative transference.

Unlike other psychedelic models, EISP does not use music or typically set an intention for the session, instead the focus is on engaging the body and letting the body tell the story and shape the session. However, individual needs can be tailored as the process unfolds.

EISP is focused on the body and human realms. The transpersonal context can come up and will be explored; these insights can then be grounded within the persons somatic and relational domains. The IPSP therapist stays closely attuned to the person for the entire 2 hour session.

Please note that The Signs of Life Psychology can not advise you on the appropriate dose of ketamine, CBD or THC to take. GPs will coordinate and advise on appropriate doses. Likewise, the Signs of Life does not administer the medicine to you, this may be done by a GP, anesthetist, or psychiatrist. The Signs of Life Psychology will support you to prepare for psychedelic therapy, be there during the administration, and help you integrate your experience after the medicine has subsided. The route of administration (oral, IV, IM etc.) will be discussed with your GP and/or psychiatrist.

WHAT IS INTEGRATION?

Following a medicine assisted session, the process continues through integration sessions. These post-experience sessions are essential for maximizing the therapeutic benefits of the psychedelic journey. During integration, the client and the therapist team collaborate to explore the contents of the psychedelic experience. Together, they delve into the thoughts, emotions, and sensations that emerged during the journey, seeking to extract profound meaning and understanding.

Challenges that may have arisen during the psychedelic journey are addressed in a safe and supportive environment. Therapists assist clients in navigating and processing difficult emotions or memories that may have surfaced, fostering a healing process.

The goal of integration is to translate the insights, new perspectives, or sensations gained during the psychedelic session into the clients everyday life. By identifying the meaningful revelations and applying them to real-life situations, clients initiate long-term, meaningful change.

HOW DO I DECIDE IF EISP IS FOR ME?

Deciding if EISP is suitable for you involves careful consideration of multiple factors. Firstly, you must meet the criteria for PTSD and TRD to be prescribed medical Cannabis or Ketamine, respectively. Secondly, it's crucial to understand the substantial time commitment required, including assessment, non medicine assisted sessions, medicine assisted sessions and integration sessions.

EISP presents an appealing option for those who haven't found success with initial treatments such as ADM or pain medication. EISP is also a good alternative for those who are interested in Psychedelic Assisted therapy, but cannot discontinue current medications. Unlike other psychedelics, it is possible to receive EISP whilst on prescription medications, however this needs to be approved with the prescribing GP for Cannabis or prescribing psychiatrist for ketamine. Ideal candidates are those willing to immerse themselves in the therapeutic journey, understanding it involves embracing and transforming suffering, fostering personal empowerment, and forging a profound relationship with their healing process.

ARE THERE ANY CONDITIONS THAT MAY EXCLUDE SOMEONE FROM EISP?

EISP may not be suitable for individuals with specific health conditions such as those diagnosed with mania and psychosis. Personality disorders aren't excluded, but candidates will need to have some sense of self and capacity to reflect and take responsibility. There is no acute suicide risk for medical cannabis use, whereas ketamine can be used for acute risk, however EISP therapy needs to occur when risk is reduced.

A psychological assessment helps assess readiness and motivation for EISP, and proper preparation is crucial, ideally after exploring other treatment options like psychotherapy or medication. These considerations ensure that EISP is safe and tailored to each individual's needs.

WHY IS TOUCH INVOLVED AND HOW IS IT USED?

The use of somatic trauma-informed touch in EISP can provide people with relational healing and a sense of safety. Often during times of pain, trauma, or being deep in one's psyche, the role of caring and non-sexual touch can be therapeutic and grounding. It can be a form of reassurance, of reinforcement and back up, or encouragement to face whatever one is moving through. It can also help support an opportunity to surrender to a painful experience and whilst feeling held.

Prior to beginning a session, an agreement is made around whether or not somatic trauma informed touch will be used. Once this agreement is made it cannot be changed during the session, even if the client changes their mind during. There will be an opportunity to change this agreement prior to the following session.

Often times we may regress in EISP to an early stage in our life where we experienced trauma and all we needed in that moment was a hug or to have our hand held. If touch is agreed upon then the therapist may ask in that moment to provide the client with what they needed during the experience.

There is good reason in psychotherapy why touch is not used. There is clear and common abuse of touch and violation of sexual boundaries in therapeutic relationships, and psychedelic therapies are no different. The use of therapeutic touch must be agreed to and boundaries defined *prior* to engaging in the dosing session. The use of a touch contract defining what kind of touch, where touch is used, and under what circumstances touch is provided are essential to ensure there is no violation of boundaries or misinterpretation of an event. Consent is always required for therapeutic touch in EISP.

WHY NOT TALK THERAPY?

CBT involves revisiting distorted thoughts and belief systems that create stress or other disturbances in people's lives and relationships. This modality involves reality testing and establishing new behavioral habits that help people cope better with their situation.

The predicament in this is that CBT does not specifically focus on somatic release on the bodily level where trauma often occurs. EISP allows the nervous system to feel and express repressed physical activity and release waves of nervous excitation connected to a traumatic experience that has remained stored in the body since the initial event.

Another reason why CBT is not the primary therapy here is that it works with parts of the mind which are conscious to the client, also known as explicit or declarative memory. From the neuroscience literature, we know there are much larger parts of the mind that are hidden from waking consciousness and often cannot be put into language. This type of memory is called implicit and non-declarative, or what is most commonly called the subconscious mind.

WHERE DO SESSIONS TAKE PLACE?

Sessions can occur either in person or via Zoom, with the determination made during the initial Intake and Assessment session. This decision considers factors such as the client's safety level, past altered state experiences, and their attachment or trauma needs. For in-person meetings, Dr Lani Roy offers a

private setting in Caulfield or safe outreach options in Melbourne CBD areas. Clients also have the option to arrange their own comfortable space, such as an Airbnb, for specialized immersions, outreach programs, or tailored packages, with associated costs covered by them.

IS EISP LEGAL IN AUSTRALIA?

EISP is legal in Australia and is used with clients who have access to either medical cannabis or medical ketamine. Dr. Roy is insured to work with both cannabis and ketamine under the EISP model and Medicare rebates are available for treatment.

HOW DO I GET STARTED?

Dr Lani Roy takes appointments by booking only. Please email your Mental Health Care Plan, referral or NDIS documents to us and request a session. We will send an intake form and appointment time. Please read the website for general information, fees and specific modalities available. Waitlists are approximately 2- 4 weeks.

You will need to have a referral from your treating GP, psychiatrist or psychologist outlining past history of treatment as it's not a first line treatment.

Should you wish to engage in CBD assisted therapy, Dr Lani Roy can support you with therapy once you have been assessed by your GP for THC/CBD consumption. Please note that those prescribed THC are subject to Victoria driving regulations that outline that any operating a vehicle with any amount of THC in the system (whether medical or not) is illegal. Your GP will discuss your treatment options, including costs and your potential eligibility for compassionate access under Medicare.

A good cannabis prescribing practitioner will take the time to know your bio-psycho-social context and assess your eligibility for cannabis. Eligibility is based on an ongoing consultation process including the pace of treatment, the product and dose suitable for your condition. If you do not have a specified GP, you may wish to book an appointment with one of our recommended TGA approved prescribers:

[AlternaLeaf](#)
[Leura Wellness](#)
[Cannatrek](#)
[Herbal Health Clinics](#)

Should you wish to engage in ketamine assisted therapy please visit your doctor, psychiatrist or psychologist and obtain a mental health care plan, a referral to Dr Lani Roy at The Signs of Life Psychology and a letter from your GP outlining your current mental health presentation, including prior medications and a physical health examination.

Disclaimer: this information is not aimed at promoting use of cannabis and ketamine. This is not intended to be used as medical advice or a substitute for your own practitioners advice.

Resources and useful information can be found below:

- CBD & THC fact sheet
- Medical Cannabis information

- Ketamine and Esketamine fact sheet
- Understanding eligibility for medical cannabis in Australia

Emergency Help Lines:

- Lifeline - 13 11 14.
- Beyond Blue - 1300 22 4636
- MensLine Australia - 1300 78 9978
- Suicide Call Back Service - 1300 659 467.
- Open Arms — Veterans and Families Counselling - 1800 011 046
- Kids Helpline - 1800 55 1800
- National Sexual Assault, Domestic Family Violence Counselling Service - 1800RESPECT (1800 737 732)