

DRAFT GUIDELINES FOR PSYCHEDELIC-ASSISTED PSYCHOTHERAPY

The role of the College of Alberta Psychologists (CAP) is to protect the public and maintain their confidence by ensuring that all psychologists engage in competent, skilled and ethical practice. To this end, CAP establishes, adopts and implements good character criteria, academic (and related) requirements for entry to the profession, standards of practice, codes of ethics, and ethical decision-making principles. As a self-regulated profession, psychologists are ultimately responsible and accountable for all activities they engage in as a regulated member as well as those that link to and reflect upon the profession. As such, CAP provides general clinical and ethical guidance to members, this includes guiding members to regulatory resources (e.g., Legislation, Standards of Practice, Practice Guidelines/Alerts) to their practice situation. CAP does not provide legal, business, or practice specific direction. All psychologists are encouraged to seek additional expert subject matter consultations when faced with complex clinical, technical (practice or ethical), legal and/or business issues. Practice Guidelines support CAP's primary public protection role by enhancing the practice of psychologists through the integration of standards of practice and ethical principles to specific subject areas. The CAP Standards of Practice outline the minimum expectations of the profession. The Canadian Psychological Association's (CPA) Canadian Code of Ethics for Psychologists establishes the foundational ethical principles that underpin the profession of psychology. While often considered aspirational in nature, they may also reflect minimum professional expectations like practice standards and form the basis of discipline-related actions.

This Practice Guideline is specifically designed to educate psychologists about their scope of practice relative to psychedelic-assisted psychotherapies. This Practice Guideline is to be considered in conjunction with CAP's Standards of Practice and CAP's Practice Guideline: Medications and Psychologists.

Introduction

CAP's Standards of Practice mandate psychologists to practice within their scope of practice and areas of competence, and to align with requirements established under the Mental Health Services Protection Regulation (open.alberta.ca/publications/2021_114) and the Psychedelic Drug Treatment Service Provider Licensing regulations (alberta.ca/psychedelic-drug-treatment-service-provider-licensing.aspx). Under the Health Professions Act (HPA), psychologists do not have the authority to prescribe and administer medication, including those legally authorized psychedelic medicines (e.g., Ketamine). Psychologists refrain from making medical and pharmaceutical recommendations as well as recommendations regarding psychedelic treatments (e.g., Ketamine, Psilocybin, Methylenedioxymethamphetamine (MDMA), Lysergic Acid Diethylamide (LSD), Peyote, etc). Therefore, diagnosing the need for specific psychedelic treatments and prescribing psychedelic medicine(s), are outside the scope of psychological practice and ultimately rest with a client's primary physician/psychiatrist and/or nurse practitioner. CAP recognizes that clients seeking mental health services are often taking medication(s), are often experiencing conditions that could be treated effectively with medication(s), and often have awareness of or have expressed interest in psychedelic-assisted treatment. CAP also recognizes psychologists are often the first mental healthcare providers approached by clients who either take medication, who may need to take medication and/or who are particularly interested in psychedelic-assisted therapy. Psychologists in collaborative care environments

often monitor the effectiveness of medication, whether a traditional psychoactive agent (e.g., Fluoxetine) or a psychedelic medicine (e.g., Ketamine) as part of an interdisciplinary team. Given that psychologists can anticipate encountering clients who are taking or are in need of taking medication, it is helpful for psychologists to maintain a basic knowledge of psychopharmacology and psychedelic medicines in order to work collaboratively, consult, and refer to other health professionals who may possess greater expertise.

Psychedelic-Assisted Psychotherapy (PAPT)

Even a cursory read of the recent research literature on the medical and psychological uses of psychedelic medicines will reveal that this is a burgeoning field of investigation, particularly where the treatment of various mental health problems is concerned. This new initiative got underway once the legal ban on hallucinogens was lifted and medical use of the substances was authorized. Psychologists are advised to educate themselves regarding the various components of psychedelic-assisted therapies and to have a working understanding of the psychedelic medicines, including the legal status in Canada of each of the different medicines. Psychologists must at all times adhere to the College's *Standards of Practice* (2019) and the *Canadian Code of Ethics for Psychologists* (2017).

It is expected that psychologists may have conversations with clients regarding psychedelic-assisted psychotherapies as clients consider diverse professional opinions about whether to complete psychedelic treatment. Psychologists play a key role in helping clients to prepare for a psychedelic experience, in addition to the position they hold in supporting clients to integrate experiences following a psychedelic treatment. While psychologists should have working knowledge of the psychedelic medicines, it is important to ensure clients discuss the specific characteristics of the different psychedelic medicines with their prescribing provider. Pursuant to Section 36(2) of the [Mental Health Services Protection Regulation](#), the prescribing provider could be a psychiatrist, or a physician working in consultation with a psychiatrist.

If psychologists are supporting clients who are receiving treatment with psychedelic medicines, it is ideally recommended that this treatment occur in a collaborative practice environment, where the psychologist can consult with the prescribing physician as needed. Prescribing practitioners will be best able to comment on the properties of psychedelic medicines including, but not limited to: mechanisms of action of psychedelic medicines, possible side effects, potential interactions with other medications, potential benefits, the likelihood of adverse reactions, etc. Psychologists should be aware of these factors but should default to prescribing practitioners for all medically related guidance. Psychologists should be familiar with the guidelines for psychedelic treatment provided by the College of Physicians and Surgeons of Alberta (CPSA) and should ensure their practice aligns with those guidelines, which identify that a physician must maintain medical oversight over all psychedelic treatment.

What is PAPT?

Psychedelic-assisted psychotherapy is contemplated as involving three distinct components in the treatment process: preparation, active treatment, integration. The preparation phase involves attendance at several therapy sessions prior to the administration of a psychedelic medicine in order to support the client's readiness to participate in the active administration of a medicine. During the preparation phase, issues related to informed consent should be thoroughly explored. Psychologists will discuss the potential risks and benefits of psychedelic treatment with clients and will help clients to

explore their intentions and goals for engaging in a psychedelic experience. It is important for psychologists to be mindful of the establishment of trust and rapport, as clients will return to discuss their experiences during the active phase of treatment with the psychologist for the integration phase of treatment, and psychologists want to endeavor to create an emotionally safe context in which clients can share vulnerable experiences. Psychologists are encouraged to orient clients to the potentially challenging experiences that may emerge during the active phase of treatment, and to support clients to be open to challenging experiences. The psychologist is advised to consider the importance of establishing an appropriate “set” (meaning mindset) and ensuring that “setting” (the physical, social and emotional environment in which the active phase of treatment will occur) is appropriate and safe. At all times psychologists are advised to maintain a harm reduction approach and appropriate safeguards are in place.

The second phase of PAPT involves the client receiving the administration of a medication. Psychologists must ensure alignment with Section 37(4) of the [Mental Health Services Protection Regulation](#), which requires that the administration of a designated psychedelic (other than ketamine) in a psychedelic dose, ketamine in parenteral formulation, or a designated psychedelic drug in the context of psychedelic assisted psychotherapy must occur at an approved hospital, accredited medical facility or the facility of a licensed service provider. Psychologists may be present for the active administration phase, or they may supervise others who remain with the client as the active phase of treatment occurs. If the psychologist is relying on “guides” or “sitters” to be with the client during the active administration phase of treatment, the psychologist must work collaboratively with the prescribing physician to ensure that the guide or sitter is adhering to the standards of care psychologists have established. The psychologist must also adhere to the College’s *Practice Guideline, Psychologists Supervising Persons not Regulated by the College of Alberta Psychologists (2013)*.

The CPSA recommends that the active phase of psychedelic treatment be recorded, thus psychologists must review and obtain informed, written consent from clients for video recording of the active phase of treatment. Consent for recording must define how the recorded material will be stored and maintained, and for how long, and how clients may access the recording if needed. Prior to the administration of a psychedelic medicine, psychologists must orient clients and guides/sitters to the presence of the recording device and that the recording will be activated. The active phase of psychedelic treatment is intended to be silent and non-directive, with the psychologist and/or guide/sitter present to provide maintain awareness of the safety and integrity of the therapeutic space in which the client is experiencing the psychedelic.

The final integration phase of psychedelic treatment should occur within 1-3 days following administration of a psychedelic medicine. Psychologists should work to remain open and non-directive during the integration phase, allowing clients time and space to explore the experiences they had during the active phase of treatment. Psychologists should be prepared to handle intense emotional reactions to material that arose during psychedelic experience and should help clients to safely evaluate changes they may want to institute in their lives. Psychologists are cautioned against providing direction to clients regarding actions they should or should not take following a psychedelic experience and at all times should maintain a focus on responsible caring and respect for the individual’s autonomy. The primary concern at all times should remain the safety of all clients.

Knowledge of Psychedelic Medicines

Psychologists must maintain knowledge regarding the legal status of psychedelic treatments in Canada, and the circumstances under which different psychedelic medicines can be used by clients. Psychologists are advised not to provide recommendations to clients regarding psychedelic medicine use outside of support from a prescribing physician. If a client is considering use of an illegal psychedelic medicine, psychologists are advised to bring clients awareness to the legal status of the psychedelic medicine they are contemplating using. Psychologists are advised not to engage in discussion regarding use of an illegal psychedelic medicine that could be construed as psychologists sanctioning clients use of said psychedelic. Psychologists should be aware of the conditions under which clients can access otherwise illegal psychedelic medicines (e.g., through exemption from Health Canada or as part of a clinical research trial, or in another country).

Safety Considerations

Psychologists providing psychedelic-assisted psychotherapy must possess a minimum of five years' experience on CAP's general register in stress disorder, mood disorder or related disorders with evidence-based psychotherapy and remain knowledgeable of the existing and emerging literature regarding the effectiveness and safety of the psychedelic medicines. Psychologists are cautioned against providing psychedelic-assisted psychotherapy if they are not knowledgeable about psychedelic medicines and their potential effects, including adverse effects. If psychologists are going to provide psychedelic-assisted therapy, they should be mindful of potential medical contraindications for psychedelic medicine use, which includes, but is not limited to:

- People who are pregnant or breastfeeding;
- Clients with a history of epilepsy or another seizure disorder;
- Clients with cardiovascular disease, including uncontrolled blood pressure, heart failure, coronary artery disease or previous heart attack or stroke;
- Abnormal liver, kidney or bladder function;
- Glaucoma;
- Due to the risk of development of Serotonin Syndrome, clients who are using SSRI and/or MAOI antidepressant medications are cautioned against engaging in psychedelic treatment unless they can discontinue medication use prior to psychedelic treatment.

Psychologists are required to work collaboratively with prescribing physicians and to ensure that their practice aligns with Section 3(1) of the [Psychedelic Drug Treatment Services Standards](#), which stipulates that the medical director must ensure a patient undergoes a complete psychiatric and medical assessment prior to receiving treatment. Psychologists should be mindful of the risks of contraindications and should discuss potential risks of psychedelic therapies with clients who are considering such treatment. Psychologists should be mindful not to provide recommendations or advice to clients regarding medical or medication-related issues and should refer clients to their medical practitioners for this counsel. At the same time, psychologists must consider the safety risks of psychedelic medicines at all times and should be able to discuss potential risks and contraindications with clients from a harm reduction perspective. If clients intend to discontinue use of psychotropic medication in order to engage in psychedelic treatment, psychologists should direct clients to their prescribing physicians for oversight and support in the discontinuation process. Psychologists must advise their clients of the risks of abrupt discontinuation of psychotropic medications and should encourage clients to exercise caution in that decision and consult their primary physician healthcare provider prior to making such a decision.

If psychologists are going to provide psychedelic-assisted therapy, they should also be mindful of potential psychological/psychiatric contraindications. The list of potential psychiatric contraindications includes, but are not limited to:

- There is a risk of prolonged psychosis following psychedelic use and thus those clients with a history of primary psychotic or affective disorders like Schizophrenia, Schizoaffective disorder or Bipolar disorder are advised against psychedelic medicine use.
- Clients experiencing recent or current symptoms of Mania or Hypomania.
- Clients with a history of psychotic symptoms during an episode of Major Depressive disorder are cautioned against psychedelic treatment as psychedelic medicine can increase the risk of psychotic episodes in this client population.
- Clients who report significant trauma histories are advised against psychedelic treatment until they have learned sufficient coping skills and/or have developed a plan for safety.
- Psychedelic treatment is not advised for individuals with diagnoses that manifest in emotional and/or behavioral dysregulation, at least until sufficient coping and regulation capacity has been developed.
- Psychedelics are not recommended for clients who have experienced prior adverse reactions to psychedelic substances.
- Clients who report recent or current suicidal ideation and/or suicide attempts are not advised to engage in psychedelic treatment until their risk of suicide has resolved.

Informed Consent

Psychologists should adhere to the College's *Standards of Practice Informed Consent for Services* at all times in the provision of psychedelic-assisted psychotherapy. There are additional considerations regarding consent that should be discussed with clients during the preparatory phase of PAPT. Psychologists must align their practice with Section 4 of the [Psychedelic Drug Treatment Services Standards](#), which stipulates that the consent process must include: whether the treatment includes therapeutic touch and an explanation of the use; the experimental nature of the treatment; potential benefits of the treatment and risks, including reasonable alternatives; full, frank and timely disclosure of any real, potential or perceived conflict of interest.

Psychologists should endeavour to raise client awareness that there are things that cannot be anticipated in the administration of a psychedelic medicine, as the medicines are expected to create a "non-ordinary state of consciousness" (NOSC), in which clients may experience any number of unknown emotional, cognitive, physiological and other reactions. Thus, in providing consent for PAPT, there is much the client is consenting to that cannot be identified. Psychologists should exercise caution in orienting clients to the potential adverse effects of psychedelic medicines, which could include, but are not limited to: panic attacks, anxiety, confusion, paranoia, dysphoria, euphoria, dizziness, disorientation, restlessness, weakness, nausea, vomiting, diarrhea, headaches, intrusive recollections, etc. Psychologists should ensure that clients have reviewed potential physical/medical side effects with their prescribing physician. Psychologists should discuss how the client would like to have potential adverse experiences managed during the active administration phase, and this should be documented whenever possible by psychologists.

Psychologists must obtain written consent from clients to consult with other practitioners involved in the psychedelic treatment (e.g., the prescribing physician). Psychologists should clarify with clients if there are other healthcare providers with whom the client would like the psychologist to consult and obtain informed written consent to do so. Psychologists should also clarify if there are providers with whom the client who not like the psychologist to consult, in recognition of the potential implications of having psychedelic treatment recorded in the client's medical record. Psychologists must work with clients to balance clients right to choose what is best for them regarding their healthcare against existing legislation and potential practice standards from other systems in which clients are involved and other stakeholder organizations (e.g., insurance providers, employers) who may or may not have expectations regarding client's engagement in psychedelic treatment. It is thus important that psychologists have reviewed with client's alternatives to psychedelic treatments, if there is a risk that engagement in psychedelic treatment could have future negative consequences for clients.

Psychologists should orient clients, as part of the informed consent process, that there could be material that emerges for the client during the active administration phase of psychedelic treatment that the client did not expect, or perhaps of which they did not have prior recollection. Psychologists should talk with clients about how they would want the psychologist or guide/sitter to handle unexpected or unintended disclosures of past or current experience during the active phase of treatment and how this would then be addressed during the integration phase. It is advisable that psychologists and clients agree that no action will be taken regarding disclosures or experiences during the active phase of treatment until the psychologist and client have had a chance to discuss the experience during the integration phase of treatment. The exceptions to this could potentially include if the client reports either imminent or ongoing harm to themselves and/or other individuals. Psychologists should remain mindful of the increased vulnerability and suggestibility of clients when they are experiencing a NOSC and thus should receive and offer information and feedback carefully. Psychologists are advised to review the handling of unexpected disclosures with clients during the informed consent process.

Psychologists should review and obtain written consent for the recording of the active phase of treatment and should inform clients about how the recordings will be stored and maintained, and for how long. Clients must be informed that recording of the active phase of treatment is voluntary, however that the recording is intended to act as a safety mechanism for clients and providers. If clients will not consent to the recording of a psychedelic session, psychologists must assess in consultation with the prescribing physician if the potential benefits of psychedelic treatment outweighs the risks of not having a recording of the active phase of treatment. Psychologists should at all times adhere to the College's *Standards of Practice, Maintenance and Retention of Records* and existing privacy laws.

Touch in Psychedelic-Assisted Psychotherapy

Psychologists must at all times adhere to the College's *Standards of Practice, Prohibited Relationships, Communications, Behaviors and/or Sexual Activities*, at all times during the provision of psychedelic-assisted therapy. Psychologists must also be familiar with and adherent to *Bill 21: An Act to Protect Patients* in the consideration of if and how touch will be employed during psychedelic treatment. Additionally, psychologists should be familiar with Section 4(a) of the [Psychedelic Drug Treatment Services Standards](#), which stipulate that a service provider shall ensure that the consent process includes whether the treatment includes therapeutic touch and an explanation of the use.

Psychologists are advised to review the potential that clients will seek touch from the psychologist or guide/sitter during the active phase of treatment and should discuss the clients' preferences in this regard as part of the informed consent process. Psychologists should have relevant training and background in somatic therapies and/or the use of touch in psychotherapy if they are going to incorporate therapeutic touch into psychedelic treatment. If psychologists do not have such training, they are advised not to engage in touch during psychedelic-assisted therapy, even if requested by clients. Psychologists should contemplate alternatives to them providing touch to clients during the active phase of psychedelic treatment (e.g., a cushion, a comforting object) and should discuss and describe alternatives with clients prior to psychedelic medicine being administered.

Competence

Psychologists should adhere to the College's *Standards of Practice* on competence at all times in the provision of psychedelic-assisted psychotherapy. Prior to adding psychedelic-assisted psychotherapy to the clinical services psychologists provide, they should at a minimum engage in and maintain consultation with a psychologist who has expertise in that area. Psychologists should seek on an ongoing basis, appropriate education, training and supervision in the new area, and should consider inclusion of this training in their continuing competence profile. Psychologists are encouraged to seek consultation from their professional practice insurers about adding psychedelic-assisted therapy to their clinical services prior to offering this service. Psychologists should ensure they are aware of emerging literature regarding the effectiveness of psychedelic treatments, and should remain open to data that contradicts the effectiveness of psychedelic treatments. Psychologists should remain cautious not to adopt an overzealous attitude towards the potential benefits of psychedelic treatments and should at all times remain open to evidence that contradicts their perspective. Psychologists should develop and maintain competence in the therapeutic approach they offer during the preparatory and integrative phases of psychedelic treatment. While there is no one specified approach psychologists are directed to adopt, it is incumbent on psychologists to remain skillful in their chosen therapeutic intervention. Psychologists at all times practice within their scope of competence and they recognize their limitations with respect to their professional training and experience. They actively seek consultation as needed and refer to other professionals when necessary and appropriate. Psychologists remain aware of resources in their community to which they can refer their clients for supportive or adjunctive care (e.g., emergency resources, group supports, etc.).

Psychologists should be aware of existing protocols for different psychedelic medicines and should document their rationale for the use of a particular protocol. If psychologists choose not to adhere to an existing protocol, they should clearly document their rationale for that decision. Psychologists should work collaboratively with other providers of psychedelic-assisted treatment to ensure that protocols are being followed that are consistent with guidelines from other regulatory bodies and in concert with existing legislation.

Psychologists providing psychedelic-assisted services must remain attentive to progress clients may or may not be making during psychedelic treatment, and continually evaluate progress through psychedelic care. Psychologists are advised to gather data across qualitative and quantitative domains and should contemplate incorporation of assessment metrics that specifically explore experiences unique to psychedelic treatment (e.g., the so-called mystical experience). Psychologists are advised to gather multiple sources of data prior to the onset of psychedelic treatment, at various intervals during

psychedelic treatment and on completion. Psychologists should evaluate if progress is being made, and if not, should discontinue psychedelic treatment if clients are not demonstrating material benefit from the intervention. Psychologists are advised to be familiar with data gathering requirements of different systems (e.g., third-party payers, such as insurance companies) and maintain data collection consistent with what both external agencies might require and in keeping with CAP's record-keeping requirements.

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