Guideline on Client Psychedelic Integration Sessions

Approved by: Quality Assurance Committee, Council

Date of Approval: October 1, 2026

PREAMBLE

This guideline is intended to provide clarity to CRPO registrants, and members of the public, regarding the College's expectations for the application of Professional Practice Standards to the provision of psychedelic-assisted psychotherapy (PAP)[1]. This guideline may be used alongside the Guidelines on Psychedelic Assisted Psychotherapy, and Guideline on Preparation.

Psychedelic assisted psychotherapy is a form of therapy that utilizes psychedelic substances to aid the therapeutic process. Psychedelic substances are substances that produce hallucinations including, but not limited to, psilocybin, MDMA, ayahuasca and LSD. While ketamine and cannabis are not classified as psychedelics, CRPO has decided to include it in this guideline due to the similarity of consideration and requirements. Registrants should be aware that ketamine and cannabis differ in legal status from traditional psychedelics. Cannabis is available for recreational purchase and use for individuals over the age of 19 in Ontario, while medical cannabis can also be prescribed. Ketamine can be prescribed for use by an authorized medical professional.

The College is aware that public interest in the use of psychedelics and in PAP has been increasing for several years.

There are several existing legal frameworks through which PAP may be conducted. This includes in a Health Canada approved clinical trial, through access granted by the federal Special Access Program (SAP), through access granted by a section 56(1) exemptions, or through legal ketamine clinics.

INTRODUCTION

This guideline is intended to provide clarity to CRPO registrants, and members of the public, regarding the College's expectations and limitations for the application of Professional Practice Standards to the provision of psychedelic-assisted psychotherapy (PAP).

Psychedelic-assisted psychotherapy[1] is a form of therapy that utilizes psychedelic substances to aid the therapeutic process.

There are several existing legal frameworks through which psychedelic-assisted psychotherapy may be conducted. However, some clients may elect to use substances outside of the legal framework and wish to explore the experience with their therapist.

As always, RPs are expected to ensure their decisions and behaviour adhere to CRPO's Professional Practice Standards and Code of Ethics.

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LIMITATIONS AND PROHIBITIONS

The scope of practice for RPs is psychotherapy (Standard 1.4 - Controlled Acts). Registered Psychotherapists are not authorized to recommend, prescribe or dispense controlled substances. Psychedelics such as MDMA, LSD and psilocybin are controlled substances in Canada, and ketamine must be prescribed by an authorized medical professional in order

[1] *The terminology used to describe mental health interventions involving psychedelic substances is evolving and used inconsistently across research, clinical, and policy contexts. "Psychedelic-assisted The The terminology used to describe mental health interventions involving psychedelic substances is evolving and used inconsistently across research, clinical, and policy contexts. "Psychedelic-assisted Psychotherapy (PAP)" typically refers to a structured model in which a psychedelic substance is administered alongside a defined psychotherapy process that includes preparation, monitored dosing sessions, and integration therapy, with the psychedelic experience intended to support the psychotherapeutic work. "Psychedelic-assisted therapy (PAT)" is often used as a broader umbrella term for therapeutic approaches combining a psychedelic experience with psychological support, which may or may not involve a specific psychotherapy modality. "Psychedelic therapy" is a more general term referring to the therapeutic use of psychedelic substances and may encompass a range of models in which the therapeutic effects are attributed primarily to the pharmacological and experiential properties of the substance, sometimes with supportive guidance rather than formal psychotherapy.*

to be used legally. Cannabis can be medically prescribed, or purchased recreationally in Ontario by individuals aged 19 or older.

Registrants must be clear with clients that they are unable to facilitate the purchasing of illicit substances and must not provide information regarding the procurement of illicit substances.

NOTICE OF INTENT

In some situations a registrant may be made aware of a client's intent to use substances prior to consumption. This may be for therapeutic or non-therapeutic purposes.

In either scenario, registrants may wish to open a conversation with the client about how the experience may influence the therapeutic process. More information about discussing client substance use in advance can be found in the Guideline on Client Psychedelic Preparation Sessions.

INTEGRATION SESSIONS

Integration sessions provide a non-judgmental opportunity to reflect and learn from the experience of using psychedelics

Clients may wish to discuss and reflect on the experience of being under the influence, or the psychotherapeutic effects of the substance – including any memories, feelings or fixations that emerged.

Discussions often focus on the following:

- Processing the physical experience
- Processing the thoughts, memories or feelings that emerged during or after use
- Creating goals
- Risk assessment to ensure client stability following the experience
- Safety planning if the client is destabilized

Integration Sessions May Include	Integration Sessions Must Not Include
Providing general psychoeducation about potential psychological effects that have been described in research or clinical literature, without presenting oneself as a medical authority.	Directing the client to obtain more or additional substances, recommending particular substances, dosages, or sources, or assisting the client to acquire them.

Providing a space to allow the client to openly explore their experience	Judgements of the experience or the decision to consume psychedelics from the registrant
Client-led conversations about the experience	Imposition of registrant expectations of outcomes and experience
Conversations with clients regarding positive action planning for the future	Registrant declarations of clients being "cured" as a result of consuming substances
Assessment for destabilization	Providing a diagnosis or medical treatment plan related to destabilization
Encouraging consultation with other qualified professionals where appropriate (e.g., physicians, psychiatrists)	Communicating with other providers without the client's consent, except where permitted or required by law

CLIENT STABILITY

Registrants must assess clients for stability and wellness in the sessions following psychedelic usage. Psychedelic usage can result in both short-term and long-term destabilization or changes in mental wellness.

Potential risks include suicidality, mania, dissociation, insomnia or functional decline. Registrants routinely working with clients utilizing psychedelics must be able to identify signs of a negative response to psychedelics.

Registrants may wish to make use of risk assessments to help determine warning signs for client instability or emerging associated symptoms. When risks are identified, registrants should utilize safety plans.

More information on risk assessment and safety planning can be found in CRPO's jurisprudence manual.

If unsure about the level of risk being displayed by a client following psychedelic consumption, registrants should immediately seek guidance from a supervisor or consultant to ensure clients are adequately supported.

When safety planning is insufficient, registrants may need to consider the non-consensual disclosure of information permitted under PHIPA to reduce or eliminate harm. More information on permissive reporting can be found in the Guideline on Deciding Whether to Disclose Information to Prevent Harm.

PROFESSIONAL LIABILITY INSURANCE (PLI)

RPs are always responsible for ensuring their actions are appropriately covered by PLI, regardless of practice area or modality. Providing information on how to obtain substances used for PAP, involving oneself in the preparation or administration of a substance for client consumption, or guidance on strains and dosages would likely violate an RP's PLI. To understand the limits of PLI, registrants should contact their insurer.

Guidelines published by CRPO are intended to clarify CRPO's Professional Practice Standards, providing additional information that will help registrants consider or respond to common situations that arise in practice in a manner that accords with the Standards. Information provided in a guideline is to be considered along with other relevant sources of information, such as the Code of Ethics, applicable Standards, regulations, and laws.

Registrants must rely on their knowledge, skill, and judgment to determine when it is appropriate to apply a particular guideline, being mindful that ultimately, registrants are responsible for their own actions.

College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.