Guideline on Client Psychedelic Preparation Sessions

Approved by: Quality Assurance Committee, Council

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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 Integration.

PAP 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 psychedelic-assisted psychotherapy has been increasing for several years.

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[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 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.*

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 psychedelic-assisted psychotherapy.

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 inform their therapist prior to use.

As always, RPs are expected to ensure their decisions and behaviour adhere to the 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 a medical professional in order 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 advice regarding the procurement of illicit substances.

PREPARATION SESSIONS

Preparation sessions require clients to prepare for their use by receiving psychoeducation, building key skill sets, discussing trauma or issues that may arise while on the substance, and preparing the client for the work that will be done when working to integrate their experiences.

Preparation Sessions May Include	Preparation Sessions Must Not Include
Exploring the client's motivations, expectations, and concerns regarding a planned psychedelic experience.	Recommending, prescribing, supplying, or administering psychedelic substances.
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 substances, recommending particular substances, dosages, or sources, or assisting the client to acquire them.
Encouraging discussion on measures that can be taken to ensure safety while under the influence	Offering to provide direct onsite support to a client while they are under the influence
Discussing psychological risks and uncertainties, including the possibility of distressing experiences or unexpected emotional reactions.	Providing medical advice about contraindications, medication interactions, dosing, or safety of specific substances.
Establishing clear safety plans with clients for use following potential destabilization	Minimizing the potential for negative effects or instilling in clients that psychedelics are inherently safe or universally beneficial
Helping the client identify intentions, personal values, or goals related to the experience.	Facilitating or organizing psychedelic use, including arranging sessions, locating facilitators, or coordinating retreats where psychedelic substances are administered.
Developing coping strategies and safety plans for managing difficult emotions or psychological distress.	Presenting psychedelic use as clinically indicated, recommended, or necessary for the client's treatment.
Encouraging the client to obtain medical or psychiatric assessment where appropriate (e.g., where there may be	Representing oneself as qualified to evaluate medical suitability for psychedelic use

contraindications or complex health considerations).	unless authorized to do so within another regulated health profession.
Encouraging the client to consider treatment options and to make decisions consistent with their values and well-being.	Pressuring or influencing the client to pursue or avoid psychedelic experiences.
Discussing plans for post-experience integration, including processing insights or emotional reactions in future therapy sessions.	Allowing preparation sessions to become ongoing advice regarding acquiring psychedelics, use of psychedelics or guidance outside the scope of psychotherapy.
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.

INFORMED DECISION MAKING

As a trusted professional, RPs may be informed about intended psychedelic use prior to its consumption. Should this occur, RPs are often in a position to assist the client in informed decision making.

While RPs are not authorized to recommend, prescribe, or dispense controlled substances (Standard 1.4 - Controlled Acts), they can engage in conversation to ensure relevant factors have been taken into consideration based on their knowledge of the client. Contra-indications and risks should be explicitly explored by anyone contemplating the use of psychedelics. RPs can support clients in considering information that is relevant to their decision-making. For example, asking the client if they have confirmed whether a prescribed medication they take is contraindicated, or if they have explored whether a known diagnosis, familial risk factors or mental health experiences would pose an additional risk.

General safety questions can also be posed, for example whether they intend to have someone else in the room through the duration of psychedelic use for safety purposes.

RPs will likely not have answers to these questions themselves, but can urge clients to obtain the information they need – including recommending and facilitating assessment by a clinician who has the authority to diagnose mental health conditions and prescribe controlled substances – to make informed decisions.

FOLLOW UP

Clients may wish to discuss the experience of being under the influence with their therapist, including any memories, thoughts or feelings that emerged or were dominant following consumption. This is referred to as an "integration session." Information on these sessions can be found in the Guideline on Client Psychedelic Integration Sessions.

THERAPEUTIC EFFECTIVENESS

Registrants may wish to discuss with the client their reason for considering using psychedelics if they are doing so with the intention of facilitating therapy or reflection. Clients may be relying on substances to bridge gaps they feel are present in the current therapeutic plan or in response to a lack of perceived or actual progress.

Clients are to be actively engaged when determining the direction of therapy to ensure treatment is effective (3.5 - Unnecessary Treatment) and meeting their communicated needs.

PROFESSIONAL LIABILITY INSURANCE

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 limitations of PLI coverage, RPs 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.