Guideline on Psychedelic-Assisted Psychotherapy

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). This guideline may be used alongside the Guidelines on preparation and 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 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) exemption, in a legal ketamine clinic, or using cannabis.

Health Canada may approve applications for clinical trials that test new drugs (including vaccines), new uses of approved drugs on humans to understand their safety, efficacy, and other effects on health outcomes. You can ensure the clinical trial in which you're working is Health Canada approved by searching in the existing database: Health Canada's Clinical Trials Database - Canada.ca

The SAP is a program run by Health Canada that allows for health care professionals to request access to a drug that is not available for sale in Canada. The request must be for treating a patient with a serious or life-threatening condition where conventional treatments have failed, are unsuitable or are not available in Canada. More information is available here: Health Canada's special access programs: Request a drug - Canada.ca

Section 56(1) exemptions allow the Minister of Health to exempt a person or class of persons, controlled substances or precursors from the provisions of the Controlled Drugs and Substances Act or its regulations for a medical purpose. Individual submissions for exemptions are considered on a case-by-case basis. More information is available here: [Subsection 56(1) class exemption for patients, practitioners and pharmacists prescribing and providing controlled substances in Canada - Canada.ca]

In clinical settings where substances are administered through legal pathways, the role of a Registered Psychotherapist is limited to the provision of psychotherapy within their scope of practice. This may include providing psychological support during medically supervised dosing/sitting sessions and helping maintain a safe and supportive therapeutic environment. RPs may also provide preparation or integration sessions to help clients clarify goals and reflect on their experiences.

RPs do not prescribe, recommend, administer or supply controlled substances; these functions remain the responsibility of authorized professionals.

CRPO is actively monitoring the legal landscape and will update guidance should circumstances change.

INTRODUCTION

Registered Psychotherapists are obligated to provide safe, ethical, and competent services to clients at all times. The following guidelines discuss what registrants must consider before providing PAP. As always, all CRPO standards continue to apply; this guidance document highlights standards that have particular relevance and should be considered in any provision of PAP.

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DEFINITIONS

The College acknowledges that the language used in this guideline may differ from other resources on PAP as the language-scape continues to evolve rapidly. If you have concerns about the language used, please reach out at info@crpo.ca to share any suggestions.

Sessions: Sometimes referred to as sitting or dosing sessions, these are non-psychotherapeutic sessions when the client is actively under the influence of a psychedelic substance. Therapy is not undertaken at this time, with professionals being on hand for guiding and client safety. Depending on the context or framework in which PAP is being administered, there might be more than one session.

Integration sessions: Psychotherapy sessions occurring after a dosing/sitting session. During sessions the practitioner and client discuss and integrate the experience and insights that arose from using the psychedelic substance and leverage increased neuroplasticity to develop and encourage healthy habits.

Preparation sessions: Occurring prior to dosing/sitting session(s), these sessions focus on assisting clients to ensure they are informed about the decision being made to pursue PAP and are appropriately prepared for the experience.

Psychedelic assisted psychotherapy (PAP): A form of therapy that utilizes psychedelic substances to aid the psychotherapeutic process. PAP includes preparation sessions, dosing sessions and integration sessions. In some cases and clinical trials, clients may undergo administration of a substance without complimentary psychotherapeutic support.

Psychedelic substance: Hallucinogenic substances including, but not limited to, psilocybin, MDMA, ayahuasca and LSD. While not a traditional psychedelic, CRPO considers ketamine assisted therapies to be part of PAP.

Safety touch: Use of touch for the purposes of protecting a client or de-escalating a situation.

Set and setting: "Set" refers to a client's mindset including thoughts and expectations during dosing/sitting sessions, while "setting" refers to the physical and social space where these sessions are occurring. Both are crucial factors that strongly impact one's reaction to the psychedelic substance.

Therapeutic touch: Use of touch for therapeutic use or to provide comfort.

MEDICAL MONITORING AND OVERSIGHT

Psychedelics must never be administered without the presence of a medical professional on site to ensure appropriate screening for participation, obtaining informed consent to medical aspects of treatment, and the ability to provide onsite medical monitoring and intervention in the event of an adverse reaction.

Individuals considering participation in psychedelic consumption must be fully informed of potential adverse reactions and medical risks.

Adverse effects of psychedelic consumptions may include cardiac events - including arrest, -psychosis, nausea, and anxiety attacks, among other risks. These risks are heightened and more common in individuals who have contraindications for psychedelic usage, but also occur in individuals who are considered "safe" or appropriate participants.

RPs are not in a position to independently support clients during medical events and require a support team to ensure clients are appropriately protected.

Participants must be medically monitored throughout the entirety of the dosing session by someone with the authority to prescribe and dispense medication in emergency situations.

Medical professionals may also need to be involved in integration sessions to ensure clients experience no short-term or long-term medical effects from psychedelic consumption.

LIMITATIONS AND PROHIBITIONS

Per the RHPA, "no person, other than a member treating or advising within the scope of practice of his or her profession, shall treat or advise a person with respect to his or her health in circumstances in which it is reasonably foreseeable that serious bodily harm may result from the treatment or advice or from an omission from them."[1]

RPs who offer psychedelic assisted psychotherapy should work alongside and closely collaborate with prescribers and other members of the health team to ensure clients are receiving adequate support (Standard 3.3 - Communicating Client Care).

In all circumstances, 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. The RP's role during a dosing session must remain strictly within the practice of psychotherapy.

During dosing sessions this means the RP may:

- provide psychological support and monitoring of the client's emotional state
- assist in maintaining a safe therapeutic environment
- observe and respond to psychological experiences that arise.

[1] Regulated Health Professions Act: Regulated Health Professions Act, 1991, S.O. 1991, c. 18 (ontario.ca)

The RP must not:

- administer the substance
- advise on dosing or substance selection
- participate in decisions regarding drug administration.

These responsibilities remain with authorized professionals such as physicians or nurse practitioners.

RPs reserve the right to refuse service to clients they believe are not strong candidates for PAP.

COMMUNICATING CLIENT CARE

Psychedelic assisted psychotherapy typically occurs in interprofessional care settings involving prescribers and other clinical staff.

RPs should:

- collaborate closely with the prescribing professional and clinical team
- communicate observations about the client's psychological state
- document and share information relevant to client safety and therapeutic outcomes.

Effective communication helps ensure that both medical and psychological risks are managed appropriately. Participation and integration of complimentary professionals should be prioritized, and the importance of open communication shared with the client. However, information about treatment can not be shared without consent of the client, unless a legal exemption applies.

COMPETENCE AND SUPERVISION

PAP is a specialized modality that requires additional training and supervision beyond entry-to-practice psychotherapy competencies.

Psychedelic assisted psychotherapy is a unique practice that requires appropriate and specific training and supervision. As with all practice areas, registrants are expected to practice only within areas where they have developed competence (Standard 2.1 – Seeking Consultation, Clinical Supervision and Referral). Professionals practicing PAP in any capacity should consider ongoing consultation or supervision as the practice continues to evolve rapidly.

When expanding one's practice area to include PAP, registrants must undertake appropriate, verifiable education and receive clinical supervision or consultation prior to taking on clients (Standard 2.1 – Seeking Consultation, Clinical Supervision and Referral).

Education for psychedelic-assisted psychotherapy must be specific to the psychedelic substance the client will be using in session.

Registrants should also seek supervision or consultation when encountering unfamiliar clinical situations, regardless of their years of experience. Because psychedelic experiences can be unpredictable, consultation may be particularly important following complex or destabilizing client reactions.

Matters falling outside a registrants' competence or scope of practice should be referred to appropriate professionals.

Competency in PAP goes beyond traditional psychotherapeutic techniques, as clients under the influence are placed in a vulnerable position and are at a higher risk for destabilization post-dosing session. Within a dosing session, competency extends to physical safety measures (e.g., slips and fall avoidance, use of safety touch, et cetera), co-creating a safe set and setting, and the ability to understand and appropriately prepare clients for the potential positive and negative effects of the substance in use among other competencies. For more details, refer to the section below titled *Client Safety and Risk of Harm*.

SITTING/DOSING SESSIONS ROLES

A dosing session occurs directly following the administration of a substance. The length of the session will depend on the substance being administered.

A registrant may or may not be present for the dosing/sitting session depending on the policies and protocols in place, provided appropriate training has been obtained.

Dosing sessions are typically client-directed and led, with potential but limited interventions for client safety, or psychological support. Psychological support often focuses on assisting the client in navigating feelings of distress, grounding, and non-directive support. An RP may fulfil this role provided they have gained competence in the area (Standard 2.1 – Seeking Consultation, Clinical Supervision and Referral).

These sessions must always have a medical monitor present (see above – Medical Monitoring and Oversight). A medical monitor must be able to provide adequate support and interventions for the client in the case of an adverse reaction, and is able to monitor for risks that fall outside the scope of a registrant. An RP may not fulfill this role unless dually registered with a medical regulatory college with jurisdiction over the location of the session.

A secondary witness may also be present, particularly if the medical monitor will be acting in a dual role of providing medical oversight and psychological support. Should another party be present, even if interaction with the client is not anticipated, full and informed

consent from the client must be obtained regarding their role and any potential interaction with the client or process. An RP may fulfill this role.

PREPARATION AND INTEGRATION AS NECESSARY ELEMENTS OF PSYCHOTHERAPEUTIC CARE

Under Standard 3.5 - Unnecessary Treatment, registrants only continue therapy when there is a reasonable benefit to the client. Together, preparation and integration sessions form the foundations of psychedelic assisted psychotherapy. Without preparation and integration sessions, the treatment is no longer psychedelic-assisted *psychotherapy.*

Any decision to engage in PAP must be preceded by a rigorous screening process to determine if the client meets established inclusion and exclusion criteria.

Preparation sessions allow clients to prepare for the dosing/sitting session by receiving psychoeducation, developing key skill sets including grounding and distress tolerance, building safety and trust between practitioner and client, discussing trauma or issues that may arise while on the substance, expectation setting and mitigation, and preparing the client for the work that will be done in integration.

Integration sessions provide an opportunity to reflect, discuss and potentially learn from the experience. These post-use sessions also allow the assessment of the client's emotional stability and psychological well-being following the experience. Registrants must remain vigilant and conduct ongoing assessments of client well-being during integration and later sessions. Psychedelic usage, even in controlled and legal settings, can be destabilizing and put the client at risk.

Additional information on preparation sessions can be found in the Guideline on Client Psychedelic Preparation Sessions, and additional information on integration sessions can be found in the Guideline on Client Psychedelic Integration Sessions.

Client Consent

Ensuring clients are providing ongoing and informed consent is of the upmost importance (Standard 3.2 - Consent). Obtaining informed consent for PAP may be done by other members of the clinical team. Even in these cases, registrants must ensure that the client understands the potential risks and benefits of PAP, in particular those that are related to the elements of PAP being provided by the RP and the role of the RP in sessions.

Registered Psychotherapists are not authorized to recommend, prescribe, or dispense controlled substances, and as a result substance-specific risks must always be provided by an eligible member of the care team. The role of the RP must be limited to psychotherapy, with presence in dosing/sitting sessions permissible provided appropriate training has occurred and supportive policies and necessary resources are in place.

Clients must be informed of both the risks and benefits of pursuing psychedelic assisted psychotherapy. RPs must ensure the client has an adequate understanding of the treatment they will receive as well as the longer-term effects of the substance and its use as they relate to psychotherapy.

Consent can be revoked while under the influence of a psychedelic substance, but consent cannot be given while under the influence. Consent is ongoing and decision-specific, and not a blanket permission.

Use of touch must always be discussed prior to psychedelic consumption. Both therapeutic and safety touch must be discussed and agreed upon in advance of the dosing/sitting session. During the dosing/sitting session, these pre-determined forms of therapeutic touch must only occur with the explicit and ongoing consent of the client, with limited exceptions for issues of client safety.

It can be difficult for clients to know how they will feel or what they will require while under the influence, so practitioners may wish to offer hypothetical situations that allow clients to more deeply consider how they may feel in the moment. For example, instead of asking whether a client consents to the use of therapeutic touch – which encompasses a wide range of behaviour and may not be specific enough for a client to understand – practitioners could ask more specific hypotheticals like "can you imagine a situation where you may want to hold my hand or have me hold your hand?" Each potential form of therapeutic touch must be discussed with the client; if a client consents to having their hand held, that does not mean they would also be comfortable receiving a supportive hand on their shoulder. Therapeutic touch must be thoroughly explained with emphasis on the reasons and boundaries.

Should the client suspend consent to touch mid-session, registrants are expected to immediately comply apart from emergency or safety protocols, which should be discussed in advance and supported by policies. Safety touch should be narrowly defined in policies and thoroughly discussed to ensure clients understand what actions may be taken. Safety touch must be proportionate and as minimally restrictive as is reasonably possible given the circumstances.

Such departures from the pre-determined boundaries must be documented and discussed with the client at integration sessions.

Clients may also revoke consent to continue the dosing/sitting session while under the influence. Registrants participating in PAP must ensure there are early exit protocols in place to ensure the safety of a client.

RPs or other members of the care team may also be able to communicate with the client to determine the reason for their exit and see if any adjustments can be made to the setting in order to increase client comfort.

Sexual touch is prohibited under all circumstances. The *RHPA* defines sexual touch – touching, of a sexual nature, of the patient by the member or the member allowing the patient to touch them in a sexual nature – as sexual abuse.

RECORDKEEPING AND DOCUMENTATION

Registrants are obligated to keep complete clinical and financial records in accordance with the College's Section 5 Standards.

Some practitioners choose to use electronic recording equipment while conducting their sessions. These records are considered part of the clinical record. Such recordings must be done only with the consent of the client (Standard 3.2 - Consent), and stored and retrieved in accordance with relevant privacy legislation.

Records should include:

- preparation and planning
- client vetting through exclusion and inclusion criteria
- the RP's role during the dosing session
- the presence and role of additional parties, including the medical monitor
- observations regarding the client's psychological state
- safety issues or adverse reactions
- communication with the clinical team
- follow-up or integration planning.

Documentation should clearly distinguish between psychotherapeutic observations and medical decisions, which remain the responsibility of the prescribing clinician.

CLIENT SAFETY AND RISK OF HARM

Clients undergoing PAP are at an increased risk of harm during dosing/sitting sessions due to their altered mental state. Clients under the influence of psychedelics will have enhanced vulnerability and as a result must be closely monitored.

Additionally, the effects of psychedelic substances can be unpredictable and inconsistent, even in closely monitored settings, so clients may have non-typical reactions to the substance used in a psychotherapeutic session. As a result, the treatment team must ensure that clients are first appropriately vetted against known risk factors before agreeing to take on any client. This must be done in collaboration with other members of the care team as medical advice and vetting falls outside the scope of psychotherapy

The policies and expectations under which a registrant works must adhere to all College Professional Practice Standards. Registrants practicing PAP need to ensure their clinic or care team has policies and protocols in place that cover, at minimum, the following:

- Policies to ensure client safety including emergency safety, adverse reaction protocols, and safety touch policies;
- Policies for client vetting and protocols detailing exclusion criteria to eliminate clients with contraindications for PAP;
- Patient consent policies and protocols;
- Discharge policies for the dosing/sitting sessions to ensure clients are not being released alone while under the influence;
- Early exit protocols outlining how to handle a client who wants to leave mid-dosing session;
- Policies for monitoring and continued client care; and
- Sanitation policies.

RPs must:

- maintain strict professional boundaries
- avoid exploiting the power imbalance inherent in the altered state
- ensure that all interactions respect the client's autonomy and dignity.

UNDUE INFLUENCE

Suggestibility may increase during altered states and as a result practitioners must avoid imposing interpretations, beliefs, or personal agendas on the client's experience (Standard 1.8 - Undue Influence and Abuse).

CLINICIAN SELF CARE AND INCAPACITY

Clinicians may be affected by client reactions to the substance consumed, and the risk for vicarious trauma may be increased with PAP compared to traditional psychotherapeutic interventions. As a result, registrants should be cautious when scheduling dosing/sitting sessions to allow for adequate processing time, and make sure they have resources in place for support.

It is never appropriate for a registrant to be under the influence of a psychedelic or other substance while operating within their role as a psychotherapist as doing so would impair their judgement and ability to safely care for clients.

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 a registrant's PLI. To understand the limitations of PLI coverage, 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.