



Psychedelic Assisted Psychotherapy

Introduction

Psychedelic assisted psychotherapy is an emerging practice in Alberta which social workers are involved in providing. Practice in this area was not previously legislated or regulated. With recent regulation, it is important that social workers align their practice with regulation.

Alberta's government introduced requirements for psychedelic assisted therapy through an amendment to the Mental Health Services Protection Regulation in 2023. Emerging research evidence shows that psychedelic assisted therapy can lead to improvements for people with certain psychiatric disorders, including PTSD and treatment-resistant depression.

Purpose

This Practice Guideline is written based on available evidence and is designed to educate social workers about their scope of practice relative to psychedelic-assisted psychotherapies. It is incumbent on social workers to be aware of legislation, regulations, this guideline and any associated Standards of Practice relevant to this practice.

Why did the Government of Alberta Regulate psychedelic assisted therapy?

Emerging field

- Research on the use of psychedelics to treat certain mental health disorders is still emerging. Further study of the long-terms impacts is required.
- Protecting the safety of Albertans undergoing psychedelic assisted therapy is necessary as the field continues to evolve.

Heightened vulnerability

- Treatment with psychedelic assisted therapy, even in clinical settings, carries risks including possible adverse reactions.

Side effects

- Clients could experience physical and psychiatric side effects.
- Different psychedelic agents including Ketamine, Psilocybin and MDMA have distinct effects, risks, and treatment dynamics.

Expert oversight required

- The use of psychedelic assisted treatment requires strict adherence to administration protocols.
- Expert medical supervision is required to ensure psychedelics are only administered by authorized persons with proper dosing and after existing evidence-based care options have been considered.

Providing Psychedelic Assisted Psychotherapy (PAPT)

Social workers may only provide Psychedelic-Assisted Psychotherapy (PAPT) through a licensed psychedelic treatment service provider within the context of collaborative care and a multidisciplinary team under the direction of the medical director. The medical director is responsible to assess and determine appropriate training and experience. The Mental Health Services Protection regulation requires the following qualifications to provide PAPT:

- Authorization by the Alberta College of Social Workers to provide restricted psychosocial interventions
- A clinically related master's or doctorate degree
- A minimum of 5 years' experience in treating post-traumatic stress disorder (PTSD), mood disorders or related disorders with evidence-based psychotherapies as assessed by the medical director, and
- Training and experience respecting psychedelic assisted psychotherapy or psychological counselling required by the medical director.

In addition to the education and experience required in the regulation and by the medical director, it is recommended a social worker providing psychedelic assisted therapy possess the following, at minimum:

Registration

- Active registration on the ACSW general register
- Master of Social Work Degree or doctorate degree, with a clinical specialization
- Individual authorization to perform the restricted activity of psychosocial intervention
- Professional Liability Insurance Certificate, minimum coverage amount \$5,000,000

Education

- Education and training in psychedelic - assisted psychotherapy that minimally includes the following content:

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- History of psychedelics, the effects of psychedelics and psychedelic therapy
- Psychedelic neuropharmacology
- Legal and ethical issues in psychedelic assisted therapy
- Equity, diversity and inclusion in psychedelic assisted psychotherapy
- Cultural humility, spiritual sensitivity, and inclusion of traditional, cultural practices and indigenous knowledge
- Preparing for psychedelic assisted psychotherapy - practice issues
- The Medicine Session -practice considerations
- Integration sessions (individual and group)
- Advanced trauma focused therapy
- Complementary therapeutic modalities
- Harm reduction practices
- Outcome measurement and research methods
- Education in psychopharmacology and psychedelic medicines
- Psychedelic assisted psychotherapy or psychological counselling including protocols for different psychedelic medicines, integration models, and complementary modalities

Continuing Competence

- Ongoing participation in supervision and/or a consultation group
- Ongoing professional development in this practice area identified in annual learning plan

Examples of training programs who meet the recommended education requirements include TheraPsil, ATMA CENA, Victoria Island University, and the California Institute of Integral Studies (CTPR Program).

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Psychedelic assisted psychotherapy is a restricted activity due to the significant degree of risk to the client and demand specific competencies gained through education, training, or supervised experience. Authorization to perform this activity is required from the ACSW.

Psychedelic-Assisted Psychotherapy (PAPT) is considered to involve three distinct components in the treatment process:

- **preparation**
- **active treatment, and**
- **integration**

It is the interaction between the medicine, therapeutic setting as well as client and provider that produces the desired clinical effects.

Navigating preparation typically occurs over several meetings and involves developing rapport and trust, ensuring the client is prepared for psychedelic assisted therapy.

Psychedelic-assisted psychotherapy (PAPT) often evokes profound psychological, emotional, and spiritual experiences. Clients may draw on their cultural identity, ancestral traditions, or spiritual practices to prepare for, make sense of, and integrate these experiences. It is therefore critical that social workers practicing in this field engage with cultural and spiritual frameworks with humility, respect, and care.

Social Workers are authorized to provide preparation or integration sessions virtually or in a private setting or practice only when permitted by the service provider policies and medical director

Preparation includes ensuring the client fully understands the treatment process and is ready for the medicine and integration sessions e.g. breathwork, mindfulness practice and self-soothing strategies, identifies social supports (discussion of any person the client may wish to have as a compassionate witness and the role they will fulfill during the experience) and discusses topics such as touch, suicidal ideation and safety planning etc. to prepare the client for an optimal experience. Preparation may also include supporting client's navigation and approval through Canada's Special Access Program (SAP) for psilocybin or MDMA.

Informed Consent

Social workers are required to obtain consent from the client and adhere to the patient consent requirements in the [*Psychedelic Drug Treatment Services Standards*, section 4. as well as the ACSW Standard on Consent \(B.4\)](#). Informed consent is intervention specific and obtained from each member of the interdisciplinary team. While social workers should have a working knowledge of the psychedelic medicines, it is important to ensure clients discuss the specific

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characteristics and risks/benefits of the different psychedelic medicines with their prescribing provider. Social workers should discuss the interdisciplinary nature of psychedelic assisted therapy and discuss consultation and information sharing with other health professionals (prescribing physician, nurse, family physician, etc.) and third parties - clarifying with whom the client wants information shared, and the social worker should obtain informed consent for any disclosure of information. Where legislation or agency policy permits sharing information without client consent, a social worker should seek the necessary consent unless there is an urgent need to release the information without consent, for example a medical emergency during active treatment.

Recording Active Treatment

Authorized service providers may have established policies regarding the recording of medication administration sessions. Where recording is an organizational policy, during the preparation stage, social workers should ensure clients are aware of this practice, including providing information about how the recordings will be stored and maintained, duration of storage, how to access and the implications should the client choose not to consent to the recording. If clients will not consent to the recording of a psychedelic session, social workers must assess in consultation with the prescribing physician if the potential benefits of psychedelic treatment outweigh the risks of not having a recording of the active phase of treatment.

Unexpected Disclosures

Social Workers 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. Social workers should talk with clients about how they would want the social worker to handle unexpected or unintended disclosures of past or current life experience during the active phase of treatment and how this would then be addressed during the integration phase. This includes a discussion of limits to confidentiality.

Touch in Psychedelic Assisted Psychotherapy

Social Workers must always adhere to ACSW's *Standards of Practice, Prohibited Relationships* in considering if and how touch will be employed during psychedelic treatment. Additionally, social workers 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.

Touch in psychedelic assisted psychotherapy never includes sexual touching.

Social workers must recognize that clients may seek touch such as hand holding, for example, from the social worker during the active phase of treatment and should discuss this with the client as part of the

informed consent process. Social workers 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 social workers do not have such training, they are advised not to engage in touch during psychedelic-assisted therapy, even if requested by clients. Social workers should contemplate alternatives to them providing touch to clients during the active phase of psychedelic treatment (e.g., a cushion, a comforting object, fidget objects) and should discuss and describe alternatives with clients prior to psychedelic medicine being administered.

Medication Administration

Medication is administered during the second phase of PAPT. Under the *Health Professions Act* (HPA), social workers do not have the authority to prescribe and administer medication, including those legally authorized psychedelic medicines (e.g., Ketamine). Social workers contribute to medical and pharmaceutical recommendations, given the collaborative and interdisciplinary nature of the practice, determining the psychedelic medicine and prescribing is outside the scope of social work practice and ultimately rest with a client's primary physician/psychiatrist and/or nurse practitioner.

Social workers are not authorized to procure or administer psychedelic substances. Administration must adhere to the [Mental Health Services Protection Regulation](#).

Social workers may be present during the active administration phase and must consult with the prescribing physician, as well as other members of multidisciplinary treatment teams, where applicable, to ensure client wishes and preferences are integrated into the experience and to address any safety issues (physical and emotional supports, instrumental supports, social support needs etc.) that may arise at the end of the administration phase.

Integration of the experience may begin to occur soon after the experience or may occur sometime after the experience and may continue over time. Typically, the medicine is most potent in a client's system for 72 hours post administration. Integration of the experience may occur within a licensed facility or outside of it depending on the employment or contracting relationship the social worker has with the licensed facility. It is important that social workers know and understand the facility policies in this regard.

Competence

Social workers should adhere to ACSW'S Standards of Practice on competence in the provision of psychedelic-assisted psychotherapy. Prior to adding psychedelic-assisted psychotherapy to their clinical services social workers must be able to demonstrate completion of relevant training, supervised practice and ongoing continuing education in this area. Social workers should consider inclusion of this training in their annual continuing competence profile. Social workers are encouraged to seek consultation from their professional practice insurers about adding psychedelic-assisted therapy to their clinical services prior to offering this service. Social workers 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 social workers are directed to adopt, it is incumbent on social workers to remain skillful in their chosen therapeutic intervention. Social workers practice independently, within their scope of competence and it is incumbent on the social worker to 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. Social workers 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.).

Social workers must ensure that they access appropriate consultations through the provisions of PAPT. This may include primary care physician/nurse practitioner, professional peers, and/or legal advisors. Social workers who engage in PAPT must exercise sound, prudent judgment in addition to having obtained the required professional competencies.

References

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