ALBERTA COLLEGE OF SOCIAL WORKERS

PSYCHEDELIC ASSISTED PSYCHOTHERAPY

Guideline

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Psychedelic assisted psychotherapy (PAPT) in Alberta is a therapeutic approach that utilizes psychedelic substances to facilitate psychotherapeutic interventions.

Psychedelic drugs include psilocybin, psilocin, MDMA, LSD, mescaline (peyote), DMT, 5 methoxy DMT and ketamine. (See *Terms* at the end of this guideline for full names of these medications.)

This therapy can be part of a comprehensive care plan for patients with certain psychiatric disorders and must be provided within a medical facility accredited by the College of Physicians and Surgeons of Alberta.

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. It is important that social workers align their practice with recent regulation.

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

PURPOSE

This practice guideline is written based on available evidence and is designed to educate you about your scope of practice related to psychedelic assisted psychotherapies. It is incumbent on you to be aware of legislation, regulations, this guideline and any associated Standards of Practice relevant to this practice.

PROVIDING PSYCHEDELIC ASSISTED PSYCHOTHERAPY

You may only provide psychedelic assisted psychotherapy:

- Through a licensed psychedelic treatment service provider
- As part of collaborative care and a multidisciplinary team
- Under the direction of the medical director, who 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 using evidence-based psychotherapies to treat PTSD, mood disorders or related disorders, as assessed by the medical director
- Training and experience in psychedelic assisted psychotherapy or psychological counselling as required by the medical director

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-term 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 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 other existing evidence-based care options have been considered.

In addition to registration with ACSW and the education and experience required by the regulation and the medical director, it is recommended that you, as a social worker providing psychedelic assisted psychotherapy, possess the following at minimum:

REGISTRATION

- **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** with minimum coverage of $5,000,000

EDUCATION

- **Education and training in psychedelic assisted psychotherapy that, at minimum, includes the following content:**
  - **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
  - **Practice issues** in preparing for psychedelic assisted psychotherapy
  - **Practice considerations** in medication administration
  - **Understanding and preparing** for 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

EXPERIENCE

- **Five years' experience** on the ACSW general registry

CONTINUING COMPETENCE

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

Examples of training programs that meet the recommended education requirements include TheraPsil, ATMA CENA, Vancouver Island University, the California Institute of Integral Studies, and The Sitting Room.

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

UNDERSTANDING PSYCHEDELIC ASSISTED PSYCHOTHERAPY

Psychedelic assisted psychotherapy is considered to have three distinct components in the treatment process:

- **Preparation**
- **Active treatment**
- **Integration**

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

Preparing to support clients in PAPT may include reviewing and practicing skills in being a non-anxious presence, particularly if this is a new area of practice.

PREPARATION

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

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 when practicing in this field, you engage with cultural and spiritual frameworks with humility, respect and care.

Preparation includes:

- **Ensuring the client fully understands** the treatment process and is ready for the medicine and integration sessions
- **Having clients identify social supports**: any person the client may wish to have as a compassionate witness to the active treatment, and the role they will fulfill during the experience
- **Discussing topics such as** touch, suicidal ideation, safety planning, etc., to prepare the client for an optimal experience. Preparation may also include supporting the client's navigation and approval through Canada's Special Access Program (SAP) for psilocybin or MDMA.

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

INFORMED CONSENT

You are required to obtain consent from the client as outlined in the consent requirements in the *Psychedelic Drug Treatment Services Standards*, section 4, as well as the ACSW Standard on Consent (B.4). In addition, informed consent must be obtained by each member of the interdisciplinary team. While you should have a working knowledge of the psychedelic medicines, it is important to ensure clients discuss the specific characteristics, risks and benefits of the different psychedelic medicines with their prescribing provider. You should discuss the interdisciplinary nature of psychedelic assisted psychotherapy with the client. This includes talking about possible consultation and information sharing with other health professionals (such as a prescribing physician, nurse, family physician, etc.) and third parties, clarifying with whom the client wants information shared. You should also obtain informed consent for any disclosure of information. Where legislation or agency policy permits sharing information without client consent, you should still seek the necessary consent unless there is an urgent need to release the information without consent, such as a medical emergency during active treatment. You should ensure that clients have a named emergency contact prior to the active administration phase of psychedelic assisted psychotherapy.

RECORDING ACTIVE TREATMENT

Authorized service providers may have established policies regarding the recording of medication administration sessions. Where recording is an organizational policy, you should, during the preparation stage, ensure clients are aware of this practice and provide information about how the recordings will be stored and maintained, duration of storage, how to access it, and the implications if the client chooses not to consent to the recording.

If a client does not consent to having their active administration session recorded, you must consult with the prescribing physician to assess whether the potential benefits of psychedelic treatment outweigh the risks of not having a recording of the active phase of treatment.

UNEXPECTED DISCLOSURES

As part of the informed consent process, you should discuss with clients 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 which they did not previously recall. You should talk with clients about how they would want you 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. Refer to the principle of protecting privacy and confidentiality in the CASW Code of Ethics (2005) for additional information.

TOUCH IN PSYCHEDELIC ASSISTED PSYCHOTHERAPY

As a social worker, you must always adhere to ACSW's Standards of Practice, Section F.7, Prohibited relationship in considering if and how touch will be employed during psychedelic treatment. Additionally, you should be familiar with Section 4(a) of the Psychedelic Drug Treatment Services Standards, which stipulates that a service provider shall ensure that the consent process includes whether the treatment includes therapeutic touch and an explanation of its use.

You must recognize that clients may seek touch such as hand holding, for example, from you during the active phase of treatment and should discuss this with the client as part of the informed consent process. You should have relevant training and background in somatic therapies and/or the use of touch in psychotherapy if you are going to incorporate therapeutic touch into psychedelic treatment. If you do not have such training, you are advised not to engage in touch during psychedelic assisted psychotherapy, even if requested by clients. You should contemplate alternatives to providing touch to clients during the active phase of psychedelic treatment (e.g., a cushion, a comforting object, fidget objects) and should discuss alternatives with clients prior to psychedelic medicine being administered.

Touch in psychedelic assisted psychotherapy never includes sexual touching.

MEDICATION ADMINISTRATION

Medication is administered during the second phase of PAPT. Under the *Health Professions Act*, social workers do not have the authority to prescribe and administer medication, including legally authorized psychedelic medicines (such as ketamine).You may contribute to medical and pharmaceutical recommendations, given the collaborative and interdisciplinary nature of PAPT, but determining the psychedelic medicine and prescribing it is outside the scope of social work practice and ultimately rests with a client's primary physician, psychiatrist or nurse practitioner.

While social workers cannot administer medications, you may assist a client with their own prescribed medication based on an assessment by a regulated health professional who has medication administration in their scope of practice.

That professional will perform an assessment to determine the level of assistance support required as well as assign and supervise the medication administration. Assistance levels can vary and can range from a medication reminder, partial assistance or full assistance.

You may be present during the active administration phase. You must consult with the prescribing physician, as well as other members of multidisciplinary treatment team where applicable, to ensure client wishes and preferences are integrated into the experience and to address any safety issues that may arise at the end of the administration phase.

These might include the need for physical, emotional and instrumental supports (such as assistance with accessing financial or housing supports, referrals to community and social support, transportation assistance needs), etc.

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 after administration. Integration of the experience may occur within a licensed facility or outside of it depending on the employment or contracting relationship you have with the licensed facility. It is important that you know and understand the facility policies in this regard.

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

COMPETENCE

You are to adhere to ACSW'S Standards of Practice on professional practice in the provision of psychedelic assisted psychotherapy. Prior to adding psychedelic assisted psychotherapy to your clinical services, you must be able to demonstrate completion of relevant training, supervised practice and ongoing continuing education in this area. You should consider inclusion of this training in your annual professional development plan. You're encouraged to seek consultation from your professional practice insurers about adding psychedelic assisted psychotherapy to your clinical services prior to offering this service.
You should also develop and maintain competence in the therapeutic approach you offer during the preparatory and integrative phases of psychedelic treatment. While there is no one specified approach that social workers are directed to adopt, it is essential that you remain skillful in your chosen therapeutic intervention. Social workers practice independently within your scope of competence, and it is your responsibility to recognize your limitations with respect to your professional training and experience. You actively seek consultation as needed and refer to other professionals when necessary and appropriate. You remain aware of resources in your community to which you can refer your clients for supportive or supplementary care (such as emergency resources, group supports, etc.)

ROLES FOR SOCIAL WORKERS

Psychotherapy, counselling, and psychosocial supports provided by social workers as part of PAPT are not insured services. As a result, licensed facilities may not employ social workers in all the roles described below as part of their formal staffing models. Social workers may instead engage in these roles through contractual arrangements, private practice, or collaborative relationships with licensed facilities, provided all services are delivered within scope of practice and applicable regulatory requirements. Social workers performing these roles must demonstrate completion of the education and experience required in the regulation and by the medical director. You should also demonstrate the education, experience and continuing competence requirements referenced on page 6-7 of this guideline.

PSYCHEDELIC-ASSISTED PSYCHOTHERAPIST

Provides structured psychotherapy through a licensed psychedelic treatment service provider as part of a multi-disciplinary team. Social workers performing this role must meet the requirements outlined in the PAPT guideline.

Psychedelic assisted psychotherapy typically occurs within a structured treatment process that includes phases of preparation, administration of the psychedelic substance, and post-session integration or follow-up support under the authority of a licensed facility. Within this process, social workers may provide psychosocial support services that fall within the scope of social work practice.

SESSION SUPPORT COUNSELLOR

Where a client requires psychosocial support related to preparation, participation in, or integration following a psychedelic experience, this support is often accessed through referral to a social worker or social work agency in the community. In some contexts, these services may also be provided within the psychedelic assisted psychotherapy process by a social worker.

Social workers performing this role should hold at minimum a Bachelor of Social Work (BSW) from an accredited program and be registered on the Alberta College of Social Workers' general registry.

COMPASSIONATE WITNESS/SITTER

Provides a supportive presence and emotional support during a psychedelic experience, without delivering psychotherapy. Social workers performing this role should hold at minimum a BSW and be registered on the general registry.

If social workers are assisting clients with medication, please review the section on medication assistance on page 11 of this guideline.

Competence in this emerging practice area may be demonstrated through relevant education, training, professional development, supervised experience, and ongoing supervision related to the role being performed.

Depending on the nature of the service provided, this may include knowledge and skills related to trauma-informed practice, psychological safety, relational support during emotionally intense experiences, ethical practice in altered states of consciousness, cultural responsiveness, and the provision of psychosocial or instrumental supports within interdisciplinary care environments.

Ongoing supervision is recommended for social workers working in high-risk or emerging practice contexts to ensure ethical, competent, and safe practice.

REFERENCES

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TERMS

Some common psychotherapeutic medications and their full names.
This list is not meant to be exhaustive.

Psilocybin: Also known as 4-phosphoryloxy-N,N-dimethyltryptamine (4-PO-DMT)

Psilocin: Also known as 4-hydroxy-N,N-dimethyltryptamine (4-HO-DMT)

MDMA: methylenedioxymethamphetamine

DMT: dimethyltryptamine. Also known as N,N-dimethyltryptamine (N,N-DMT)

LSD: lysergic acid diethylamide

Mescaline: Also known as peyote.

DMT: dimethyltryptamine

5 methoxy DMT: 5-methoxy-N,N-dimethyltryptamine. Also known as 5-MeO-DMT, O-methylbufotenin or mebufotenin.

Ketamine

ACSW

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