

Psychedelic-assisted Therapy Training: First Hand Experience of Non-Ordinary States of Consciousness in the Pursuit of Competency

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ABSTRACT

In the throes of a mental health crisis, more people are turning to the illegal underground for psychedelic-assisted therapy (PaT). As regulators scurry to catch up, educators work to formalize PaT competencies and training standards. Unlike traditional pharmaceutical training approaches, firsthand experience of PaT may be a necessary competency standard. With informed consent of risks and reasonable alternatives for those who prefer, providing opportunities to experience PaT firsthand can augment therapeutic capacity, improve therapy outcomes, and reduce the volume of healthcare providers who feel the need to access PaT illegally to attain a basic competency standard.

Canada is in the throes of a growing mental health crisis, further exacerbated by the COVID pandemic. Mental health conditions are increasing in prevalence, while the development of novel treatments is declining (Schenberg, 2018). Traditional therapies are failing many of the growing number of Canadians struggling with mental health challenges (O’Leary et al., 2015). With fifty percent of the general population (rates are higher among healthcare professionals) having had a mental health condition by the age of forty (CMHA, 2021), and nearly forty percent of those labeled ‘treatment resistant’ to frontline therapies (CAMH, 2018), targeted treatment options are needed now, more than ever.

Psychedelic-assisted therapy (PaT) is showing significant promise in the treatment of a number of clinically challenging conditions, including ‘treatment resistant’ depression (TRD), anxiety, PTSD, substance use disorders, and end-of-life distress (Carhart-Harris et al., 2018; Dames et al., 2022; Davis et al., 2020, 2021; DiVito & Leger, 2020; Ezquerra-Romano et al., 2018; Griffiths et al., 2016; Krystal et al., 2019; Richards, 2017; Siegel et al., 2021). With increasing awareness of the limited efficacy of mainstream first-line treatments, there is growing public interest in psychedelics as promising adjuncts, or alternatives. There is growing evidence to support efficacy, and use is quickly growing in regulated legal settings, even faster in the unregulated underground. This increase in clinical use should be an impetus for creating legal and regulated pathways for comprehensive practitioner education, ensuring that psychedelics are used safely and effectively.

As a radically different form of therapy, psychedelics require a radically different form of training. Clients receiving PaT experience non-ordinary states of consciousness. Traditional mental health training does not prepare clinicians to work in non-ordinary states, and specialized training is required to provide safe and effective care. Few healthcare providers are qualified to provide PaT, and there are few accredited avenues to comprehensively train practitioners to support these breakthrough therapies.

Experiential Training: Partaking in Psychedelic Therapy to Augment Therapeutic Capacity

Medical trainees do not require any personal experience with the medicines being prescribed. However, psychedelic medicine is vastly different from psychopharmacology training of the past. One's mechanism is centred on biology and ordinary states of consciousness, the other's mechanism is centred on spirituality and non-ordinary states of consciousness. PaT is more closely aligned with mainstream psychotherapy curricula, wherein trainees are required to have their own personal experience with the therapy being provided (Posluns & Gall, 2020). Psychedelic therapy is no different. Prior to the ban on psychedelic research in the 1970s, numerous studies included therapists as subjects. Therapists with a personal experience of d-lysergic acid diethylamide (LSD), were better able to aid their patients during LSD-assisted psychotherapy (Frederking, 1955; Smart et al., 1966; Winkler & Csémy, 2014; Winkler et al., 2016). In similar studies, therapists with direct experience of the effects of LSD were better able to aid their patients during LSD-assisted psychotherapy (Grof, 1970; Kafka et al., 1964; Nielson & Guss, 2018). These historic findings are reinforced by more recent studies (Fischman, 2019; Majić et al., 2015), including a Multidisciplinary Association for Psychedelic Studies (MAPS) study of healthcare providers taking MDMA for training purposes (MAPS, 2019).

The medical director of TheraPsil, a Canadian non-profit who successfully opened the door for hundreds of Canadians to access psilocybin for end-of-life distress, opined: *"You would not expect a guide to take any journey over any terrain with which the guide was not familiar. When it comes to psychedelics, the terrain is so unusual and so outlandish that it is absolutely imperative that the therapist have familiarity with the realms of the human unconscious that are visited under psychedelics because they can help guide the patient through situations that might seem utterly bizarre, even psychotic to an untrained therapist," Dr. Sean O'Sullivan, medical director of TheraPsil (CBC, 2020).*

Stanislav Grof, a psychiatrist and thought leader with over sixty years of experience in psychedelic research and one of the seminal theorists of transpersonal psychology, underscores the value of experiential training, *"I tried personally all the psychedelic substances we worked with before I gave them to others. That is the only way; there is no other possibility. One cannot learn the effect of psychedelics from reading books, no matter how sophisticated they appear to be."* (Grof, 1998, p. 2).

A trainer from MAPS summarized their experience: *"My complete immersion in the session allowed me to walk away with a clearer image of how to be present with and for a client during their experience, and I felt more prepared to respond to what I would encounter as a therapist in an MDMA study"* (Halberstadt, 2014, p. 5).

To proficiently support their clients in psychedelic space, practitioners administering PaT require a certain degree of confidence with non-ordinary states of consciousness. The therapist's own comfort and confidence in the process promotes a greater sense of security in patients as they navigate unfamiliar states of consciousness. Without such lived experience, therapists who are unfamiliar with the effects of psychedelics may hold unrealistic expectations, be unaware of the impact of the setting, and may misunderstand the dissociative experience, which may negatively influence patient outcomes (Davis et al., 2020; Mangini, 1998; Nielson & Guss, 2018; Oram, 2012; Phelps, 2017). To cope with their own discomfort with psychedelic space, inexperienced therapists may cause harm by inappropriately interfering with the

therapeutic process. The more secure the practitioner feels in their ability to intuitively understand challenging PaT experiences, the more likely they are to intuitively promote a similar sense of confidence and security in their patient's ability to navigate such challenges (Greenberg & Goldman, 1988; Elliot & Zucconi, 2006; Pascual-Leone et al., 2012). Benefits generalize to all forms of safety, including psychological, cultural, and spiritual (Nielson & Guss, 2018; Phelps, 2017;). Collectively, this training and lived experience enhances treatment outcomes with PaT (Davis et al., 2020; Frederking, 1955; Mangini, 1998; Nielson & Guss, 2018; Oram, 2012; Smart et al., 1966; Winkler & Csémy, 2014; Winkler et al., 2016).

In 2020, Health Canada granted a group of seventeen healthcare providers permission to acquire and consume psilocybin for training purposes (CBC, 2020). Following this initial approval, dozens of applications have been subsequently rejected. Despite extremely limited access and an extremely onerous access pathway, Health Canada is now asking practitioners to enroll in clinical trials as a requirement for granting access (The Star, 2022). Similarly, in the United States, the FDA granted MAPS permission to provide an experience with MDMA for therapists in training. While the benefits of psychedelics as experiential training has not been fully delineated, many factors suggest that lived experience with psychedelic therapy improves client outcomes (Lourido et al., 2021).

Internationally, nearly all of the long standing PaT training centres, including those leading the way in North America, consider experience with non-ordinary states of consciousness a basic competency standard for qualified psychedelic-assisted therapists (Grof, 2019; MAPS PBC, 2021; Phelps, 2017). Despite the widespread agreement that lived experience of psychedelic states is a basic competency standard for practitioners, there are few legal and feasible PaT access points. As a result, many healthcare providers are faced with the ethical dilemma of having to choose between abiding by regulations and doing what they feel is best for themselves and for their clients.

The PaT field is different from traditional pharmacology and traditional therapy; therefore, it should not be a surprise that it requires a unique training path. If the regulated system cannot create such a path legally, it will organically emerge illegally - and it has. Until we adequately bridge underground practices with regulated access pathways, unregulated use will likely increase, with a growing awareness that legal restrictions are not founded in science. While legal, alcohol causes more harm than all the illicit drugs combined, with psilocybin being the least harmful (Nutt et al., 2010). To change the rapidly rising tide of unregulated use, setting standards for regulated use could begin by allowing access within academically affiliated training programmes. In the current regulatory landscape, the most accessible route to a psychedelic experience is for practitioners to self-identify as *ill*. This can result in stigma, with negative implications for future employability and life/disability insurance eligibility.

Access Points for Psychedelic Therapy

Highly restricted routes for legal access have fueled rapid growth of the psychedelic underground, with therapists feeling ethically obliged to break the law to provide both harm reduction and/or highly effective and potentially life-saving evidence-informed therapies. In this context, there is an urgent need for legal training and practice options, incorporating informed consent, with the patient being seen as able, having the capacity for informed choice around treatment alternatives. This is aligned with traditional apprenticeship models used in many

Indigenous communities who work with psychoactive substances for healing and wellness purposes; in these cultures, the therapist or spiritual facilitator has undergone a certain experience that enables them to orient others in the same experiential domain and assist in the meaning making process along the way (Dupuis, 2018).

Currently, there are five options for access to PaT:

- 1) **Leave the country:** The practitioner is required to travel to areas such as the Netherlands, Costa Rica or Jamaica that provide legal access to psychedelic therapy. This option is expensive, not always feasible for therapists with families, and potentially unsafe.
- 2) **Breathwork as an introduction to non-ordinary states of consciousness:** Breathwork is effective for some, not for others. While not suitable or effective for all, there are some forms of breathwork that can induce non-ordinary states of consciousness for brief intervals (Rock et al., 2015). This path is important, as some training programs require experience in non-ordinary states, and legal access to psychedelics is highly restricted. While a formal diagnosis is not required, a mental and physical medical assessment is required. Among the options, breathwork is less reliable at inducing non-ordinary states, but it is a feasible option for some.
- 3) **Illegal procurement of psychedelic substances:** This is not a feasible or safe long-term solution. Unregulated, illegal access to psychedelics for self-use will continue to be an ongoing public safety issue (Pilecki et al., 2021). Given growing public acceptability, much as was the case for cannabis, there will be multiple routes for underground procurement, with low risk of prosecution in many jurisdictions.
- 4) **Clinical trial enrollment:** For those who are eligible and in areas where trials exist, it is possible to gain access to psychedelic therapy for training purposes, or as a patient with a defined mental health diagnosis. With few to no studies in progress and narrow eligibility criteria, this option is not readily accessible to the majority of therapists needing access.
- 5) **Ketamine-assisted Therapy (KaT) for treatment purposes:** KaT is feasible for those who can afford treatment and who meet diagnostic criteria. Public funding is very limited. A growing number of healthcare providers struggle with mental health conditions, and KaT is showing promise for those with generalized anxiety, depression, and post traumatic stress (Dames et al., 2022).

Practitioners as Patients

The term 'Patient' refers to a person who is the recipient of healthcare services performed by healthcare professionals.

Among the legally available options in North America, the most feasible is to register as a patient in an established psychedelic treatment program. Given the growing mental health morbidity among healthcare providers, many meet the criteria for an eligible treatment diagnosis, and many will go without treatment. In a study of thousands of physicians in the United States, nearly 40% admitted they were reluctant to seek mental health care, fearing it

could threaten their ability to maintain their license and/or liability insurance to practice medicine (Dyrbye, 2017). Highly stressful healthcare settings predisposes developing secondary mental health diagnoses. Most are reluctant to access care, concerned that transparency about their mental health needs might risk their career and livelihood (Knaak et al., 2017). Individuals diagnosed with a mental health challenge are likely to have other co-occurring disorders (Kessler et al., 1994). Should stigma be a barrier to care, choosing an eligible, but relatively benign diagnostic code might be the preferred option.

Experiencing PaT provides wellness benefits to the practitioner that extend beyond the treatment of illness. Psychedelic therapy is showing promise in the treatment of mental health conditions common among healthcare providers, including depression, generalized anxiety, and post traumatic stress (Dames, Kryskow, & Watler et al., 2022). Many cultures use psychedelic-like substances for spiritual purposes and to promote general wellness, in the absence of a defined illness (Williams, Reed, & George et al., 2021). Additional literature shows benefits for individuals without notable psychopathology (Gandy, 2019; Rucker et al., 2018; Rucker et al., 2019; Rucker, Iliff, & Nutt et al., 2018). These studies suggest that not only will ‘healthy trainees’ improve their therapeutic capacity to support these unique therapies, they will likely improve self-awareness and experience personal wellness benefits in the process. Improved self-awareness mitigates the risk of unconsciously shifting/projecting one’s own emotional states onto their clients (transference). Finally, therapists who have personal experience with psychedelic medicines experience the same wellness benefits as their patients, so important at this time of unprecedented care-provider burnout and absenteeism (Svold et al., 2021).

In summary, formalizing a training pathway that considers first-hand experience of psychedelic therapy as a basic competency standard is a sound educational approach, with longstanding historical and research informed precedence and is currently offered in a number of countries in Europe, the Caribbean and Central America. Beginning with an inward journey, through a self-care/self-treatment model as a rite of passage in competency development as a psychedelic therapist, benefits serve both providers and patients. Furthermore, when mental health professionals gain the self-awareness and transparency to resolve their own mental health challenges, not only do they become more resilient and self-aware caregivers, they inherently challenge mental health stigma by breaking down the illusionary wall between providers and patients. After all, as humans on a similar path toward wellness, we are all in this together.

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