

**Psychedelic-assisted Therapy Training: Firsthand Experience of Non-Ordinary States of Consciousness
in the Development of Competence**

Dames, S., Watler, C., Kryskow, P., Allard, P., Gagnon, M., Tsang, V.

Vancouver Island University

Introduction

This review explores the benefits of incorporating personal experience(s) with non-ordinary states of consciousness as a core component of Psychedelic-Assisted Therapy (PaT) training. It is co-authored by PaT educators affiliated with Vancouver Island University's one-year training program in PaT. The program incorporates an optional experiential training component. We collaborate with professionals affiliated with a Canadian non-profit organization specializing in PaT experiential training. As do other stakeholders in this field— including program developers, educators, and researchers—we navigate a rapidly evolving and often ambiguous landscape, where infrastructure and regulations are lagging scientific data and best practices. Given the potential for differing perspectives, the authors acknowledge that their personal experiences could be a potential source of bias, influencing objectivity. Conversely, these lived experiences could be seen as valuable contributions, enriching perspectives on the role of experiential training. In that context, our intention is to provide a comprehensive review, presenting arguments both in favour of and against the integration of experiential training in PaT.

Background

Canada is in the throes of a growing mental health crisis, recently exacerbated by the COVID pandemic. With the increasing prevalence of mental health diagnoses, the field of mental health needs to explore and incorporate novel evidence-based treatments, expanding therapy options and improving outcomes for individuals with mental health conditions (1). Traditional therapies are failing many of the growing number of Canadians struggling with mental health challenges (2). Fifty percent of the general population will have a mental health condition by the age of forty, with higher rates among healthcare professionals (reference). Given that nearly forty percent of these cases will be *treatment resistant* to frontline therapies (3), novel treatment options are needed now, more than ever.

Psilocybin, the psychoactive prodrug found in *magic mushrooms*, received a *breakthrough therapy* classification by the U.S. Food and Drug Administration in 2019, setting the stage for future approvals (4). In 2023, Australia became the first country to approve psilocybin and the related compound MDMA (3,4-methylenedioxymethamphetamine). PaT is showing significant promise in the treatment of several clinically challenging conditions, including treatment resistant depression (TRD),

anxiety, post-traumatic stress disorder (PTSD), substance use disorders, and end-of-life distress (5-12). 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 is creating an impetus to forge legal and regulated pathways for comprehensive practitioner education, towards ensuring that psychedelics are used safely and effectively.

While precise mechanisms remain ill-defined, viewed through the lens of complex system theory, the effects of psychedelics appear to destabilize reinforced patterns of thinking and behaviour, creating the potential for meaningful change (13). Destabilization occurs when non-ordinary states create new awareness, challenging *ordinary*, or conditioned patterns (14). Traditional mental health training does not prepare clinicians to work in non-ordinary states, with a need for specialized training to provide safe and effective care. Few healthcare providers are qualified to deliver PaT, and in the absence of standardized PaT training programs, there are few accredited avenues to train practitioners in the delivery of these breakthrough therapies.

Before discussing experiential training in PaT, it may help to define the key factors mediating the long-term benefits of PaT:

1. Mystical experiences during PaT positively correlates with post-treatment well-being (15).
2. Having clear intentions for PaT correlates with higher rates of mystical experiences (15).
3. Those with a positive mindset and clear intention appear less likely to experience challenges during PaT (15).
4. The participant's capacity for acceptance and flexibility (18),
5. The participant's *absorption* capacity and higher doses of the psychedelic substance were associated with more profound experiences, including mystical experiences, challenging experiences, and visual effects (15). *Absorption capacity* pertains to one's capacity to become deeply engrossed or immersed in sensory or cognitive experiences (15).
6. Degree of rapport between the therapist and patient (13).
7. Prompt integration support following PaT promotes the durability of benefit and behavioural change (16, 17).

These findings highlight the importance of non-pharmacological factors in shaping individual treatment responses, providing a valuable foundation for objectively evaluating the benefits of experiential training.

The Case for Experiential Training as a Core PaT Competency

We should acknowledge that access to non-ordinary states do not *require* the consumption of a psychedelic. Alternatives include hypnosis and holotropic breathwork. Experiential training, where trainees receive a psychedelic substance, is a reliable method for attaining this level of understanding, and best aligns with the patients' own PaT experience. Further, the fundamental differences between PaT and traditional pharmacology speaks to the need for specialized training and therapy pathways. Differences include: mechanism of action, the *non-ordinary* landscape, therapeutic approach, transpersonal aspects, and the regulatory environment.

The role of experiential training in western medicine is still evolving, with further research needed to determine the impact of personal experience on practitioner competence and patient outcomes. Western medical trainees are not required to have personal experience with the medications they prescribe as part of their training. PaT differs significantly from traditional psychopharmacology, as PaT is experienced in a *non-ordinary* state, where benefits extend beyond biological manipulation, to incorporate potentially transformative psycho spiritual experiences. PaT training should be consistent with mainstream psychotherapy training programs, encouraging or requiring personal experience with the therapies being delivered (19). This would align with the *indigenous ways of knowing*, recognizing the importance of going beyond intellectual *knowledge*, to incorporate direct *experience*. *Knowledge* is intellectual and abstract, whereas *knowing* is internal, or embodied. Many indigenous communities have utilized psychoactive substances to promote wellness and healing, consistently incorporating an apprenticeship or practicum component. In these cultures, the medicine holder or spiritual elder undergoes years of specific experiential training, enhancing and ensuring their capacity for supporting others in the same experiential space (20,21). Prior to the political ban on psychedelic research in the 1970s, numerous studies included therapists as subjects. Several of these studies suggest that therapists with a personal experience of d-lysergic acid diethylamide (LSD) were better able to support their patients during LSD-assisted psychotherapy (22-27). These data have been replicated by more recent studies (28-30), including a Multidisciplinary Association for Psychedelic Studies (MAPS) study of healthcare providers taking MDMA for training purposes (31).

Many organizations and contemporary thought-leaders in the psychedelic arena agree on the importance of experiential training. The medical director of TheraPsil, a Canadian non-profit that has supported hundreds of Canadians with access to 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 (32)

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 (33).”*

A trainer with 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 (34).”

Early research with LSD (27) highlights the challenges faced when researchers lack an intuitive understanding of how to best support transformative experiences. These researchers’ primary focus was on the substance itself, excluding many of the adjuncts required for optimal benefit. These include therapeutic alliance, preparation, and integration support. The absence of these positive mediators may have contributed to the predominantly negative outcomes with these studies. Mangini raises concern for potential negative bias when providers lack personal experience with psychedelics (35). These providers are more likely to exhibit skepticism and hold uninformed attitudes, predisposing a negative bias with their results. Conversely, Oram found that researchers with a full appreciation of psychedelics’ transformative potential, and who demonstrate confidence in the therapeutic process, realized predominantly positive outcomes.

An in-training PaT experience supports personal comfort, self-assuredness, and confidence supporting others in non-ordinary states of consciousness, with contemporary researchers/experts highlighting the specific challenges among therapists who lack lived experience. These might include holding unrealistic expectations, being unaware of the impacts of set and setting, and misunderstanding transpersonal/non-ordinary experiences, all potentially compromising optimal outcome (27, 35-37).

Leveraging Positive Transference and Unconditional Positive Regard

Research in the field of self-efficacy, found that a therapist’s unwavering belief in a patient’s capacity for change fosters a positive therapeutic alliance, where the therapist’s optimism and positive regard supports the patient’s own confidence and sense of agency (38-40). Relating these data to more recent findings in the PaT arena, the more secure the provider 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 (40,41). PaT can improve one's capacity for empathy, openness, self-reflection, compassion, and appreciation for diversity. These benefits seem to generalize to all forms of safety, including psychological, cultural, and spiritual (27, 37). These findings suggest that the combination of training and lived experience could enhance treatment outcomes with PaT (22-25,28, 35-37).

In 2020, Health Canada granted seventeen healthcare providers access to psilocybin for training purposes (32). Following this initial approval, dozens of applications have been subsequently rejected. Despite extremely limited access and an onerous access pathway, Health Canada now requires that providers enroll in clinical trials as a condition for granting access (42). Conversely, the FDA in the US granted MAPS permission to provide an experience with MDMA for therapists in training. Such policy is aligned with the growing appreciation for the potential therapeutic benefit of experiential training (43).

Internationally, nearly all of the established PaT training centres, including those leading the way in North America, view experience with non-ordinary states of consciousness as a basic competency standard for psychedelic-assisted therapists (36,43). Yet, there are currently few legal and feasible PaT access points, with many practitioners facing the ethical dilemma of complying with existing regulations, versus doing what they feel best supports their professional development, and consequently, best outcomes for their patients.

An in-training PaT experience could serve a dual purpose, supporting the trainee's professional development, with secondary benefits for the trainee's mental wellness and resilience. Unfortunately, accessing PaT as a treatment modality is fraught with challenges. Consider ketamine, the sole unrestricted psychedelic-like substance available for therapeutic purposes. The primary legal route for access to ketamine requires obtaining a qualifying mental health diagnosis. This could result in stigma, with negative implications for employability and eligibility for life/disability insurance and might deter healthcare providers from seeking psychological support, despite having an eligible diagnosis or disabling condition (44).

Counterarguments to Requiring Personal Experience as a Core Competency in PaT

The evolution of psychedelic substances from their traditional roles within diverse cultural and religious practices to their current applications in medicine prompts inquiries into potential cultural, moral, and philosophical implications (45). Traditional practices have often emphasized a personal relationship with the healing substance, which diverges from contemporary Western approaches.

Therefore, it is imperative to recognize that there are varying viewpoints, both with relevant points, regarding whether firsthand experience in PaT consistently leads to improved outcomes.

1. In the addictions field, Culbreth's research (46) found that a therapists' personal familiarity with addiction does not consistently correlate with better treatment outcomes.
2. Matching therapists and patients on demographic factors such as race, ethnicity, gender, or sexual orientation does not appear to exert a significant influence on treatment outcomes (47-52). To the contrary, gender matching between patient and therapist may have limited, or even negative, effects on treatment retention.

A further counterargument speaks to the risk of repeating past mistakes, wherein the practitioner's personal experience with PaT could introduce positive bias (53). Recent research among PaT therapists found that a significant portion had personal experience with PaT, which could influence their preferences or biases, potentially confounding therapeutic priorities (53). A similar concern was raised for the potential of introducing bias should a PaT researcher demonstrate *excess enthusiasm* for PaT, stemming from their positive personal experiences (54).

Access to a Psychedelic Experience

Legal barriers to PaT have spawned a growing underground psychedelic movement. The regulatory climate notwithstanding, many seeking competency with PaT will continue to pursue psychedelic experiences, driven by individual values and needs for professional development. This is analogous to our experience with abortion and with cannabis prior to legalization, where a growing number of Canadians will circumvent a law they view as either arbitrary, disconnected from science, and/or lagging shifts in the broader culture. With PaT, we have returned to a place of moral distress, where therapists seeking personal experience with PaT, feel obliged to break the law to become more effective practitioners. At this time of unprecedented resistance to mainstream treatments, we are called to support, not obstruct, therapies with demonstrated positive outcomes.

There is an urgent need for establishing legal training and practice options, bridging the underground with best practices, with all practitioners operating within a regulated and ethically accountable framework. Such a proactive strategy would mitigate the risks associated with unregulated training in a field with relatively few guidelines on how to develop competency.

There are currently five options for access to PaT:

1. **Leave one's country:** The provider is required to travel to areas such as the Netherlands, Costa Rica or Jamaica that provide legal access to PaT. This option is expensive, not always feasible for therapists with families, and potentially unsafe.

2. **Breathwork:** While certain breathwork techniques might briefly induce non-ordinary states of consciousness, this modality might not do so as consistently as the specific psychedelic substance (55). This option does, however, afford the advantage of not requiring a formal diagnosis or a comprehensive medical evaluation as conditions for access.
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 concern (56). 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 PaT for training purposes, or as a patient with a defined mental health diagnosis. With few/no studies in progress and narrow eligibility criteria, this option is not readily accessible to most therapists.
5. **Ketamine-assisted Therapy (KaT) for treatment purposes:** Where ketamine is prescribed as a therapy adjunct, for those meeting eligibility criteria. Given very limited public funding and availability, cost is a relative barrier for this eligible sub-group.

Provider Wellness Benefits

While the majority of healthcare providers struggle with mental health conditions (57), many forgo seeking treatment. In a study involving 639 allied health professionals, 54% met the criteria for diagnosable conditions, yet only 14% indicated a willingness to seek support (58). In a study of 5829 physicians, 40% expressed reluctance to seek mental health care, fearing potential implications for their licensure and malpractice insurance (59). Highly stressful healthcare environments predispose developing secondary mental health diagnoses, further complicating their reluctance to seek care due to concerns for career and livelihood (59). Given that many diagnosed with a primary mental health disorder will have co-occurring conditions (60), and given the concern for stigma, selecting an eligible, yet relatively benign diagnostic code might be the preferred option.

KaT is showing promise for treating the mental health challenges common among providers, including depression, generalized anxiety, and post-traumatic stress disorder (61). As demonstrated by studies on “healthy” trainees, a PaT experience can provide wellness benefits beyond the treatment of overt psychopathology (62-64), aligning with many traditional healing practices in Indigenous culture, using psychedelic substances to support spiritual and psychological health (65). This is aligned with the World Health Organization’s view of health as being far more than the absence of disease.

When KaT is incorporated as an experiential component of training, trainees shift between patient and provider roles, realizing the combined benefits of enhancing clinical competence, while supporting their personal wellness. Further, a personal PaT experience might enhance self-awareness and mental wellness among “healthy” trainees (62-64). Improved self-awareness reduces the risk of unconsciously projecting one’s emotional states onto their patients, or failing to recognize when one’s own unconscious patterns or needs threaten to derail the therapy process (66). Collectively, these benefits offer hope and promise at a time of unprecedented care-provider burnout and absenteeism (67).

The above notwithstanding, it would be premature to conclude that personal experience with PaT should be a *requirement* for working in this field. In this ambiguous landscape, therapists need the autonomy to choose which evidence-informed therapy/training modalities are best aligned with their career path and learning needs. As is the case for specific patient needs, when it comes to an individual clinician’s professional development needs, there is no one size fits all.

Further research is crucial to evaluate the effectiveness of PaT therapists and examine the impact of personal PaT experiences on their professional competence. Additionally, in light of the persistent demand for experiential training, offering PaT trainees’ opportunities for firsthand experiences in non-ordinary states of consciousness, irrespective of direct participation in PaT, holds the potential to reduce dependence on illicit sources for this sought-after form of training.

Whether or not therapists engage in experiential training - serving a dual in one’s own healing process, it is imperative that they maintain their own wellness practices (68). This proactive/primary prevention strategy would improve well-being and resilience, reducing secondary mental health consequences for patients and providers (69,70). Cultivating a culture of self-care within the mental health field should be an overarching priority for training programs and professional organizations, without which we are left with broken people in support of broken people. Current rates of burnout, absenteeism and early retirement suggest that we are already on that trajectory and should serve as a call to action.

Acknowledgments

We would like to acknowledge Vancouver Island University for courageously leading the way in psychedelic education. In the fall of 2022, they became the first university in Canada to offer a comprehensive, multi-disciplinary psychedelic-assisted therapy graduate certificate.

Conflicts of Interest

As noted in the introduction statement, the authors professional context, as PaT trainers at an academic institution and a non-profit service agency in Canada, there is potential for bias, influencing objectivity. Conversely, these lived experiences could be seen as valuable contributions, enriching perspectives on the role of experiential training.

References

- (1) Schenberg E. Psychedelic-assisted psychotherapy: A paradigm shift in psychiatric research and development. *Front Pharmacol* 2018;5(9):733; <https://doi.org/10.3389/fphar.2018.00733>
- (2) O'Leary O, Dinan T, Cryan J. Faster, better, stronger: Towards new antidepressant therapeutic strategies. *European Journal of Pharmacology* 2015;753:32-50; <https://doi.org/10.1016/j.ejphar.2014.07.046>
- (3) Canadian Mental Health Association. Fast facts about mental health and mental illness. Canadian Mental Health Association 2021. Available from: <https://cmha.ca/brochure/fast-facts-about-mental-illness/>
- (4) Lowe H, Toyang N, Steele B, et al. The therapeutic potential of psilocybin. *Molecules*, 2021;26(10):2948; <https://doi.org/10.3390/MOLECULES26102948>
- (5) Carhart-Harris E. Psilocybin with psychological support for treatment-resistant depression: six-month follow-up. *Psychopharmacology* 2018; 235(2):399-408; <https://doi.org/10.1007/s00213-017-4771-x>
- (6) Davis A, Barrett F, May D. Effects of psilocybin-assisted therapy on major depressive disorder: A randomized clinical trial. *JAMA Psychiatry* 2021;78(5):481-489; <https://doi.org/10.1001/jamapsychiatry.2020.3285>
- (7) DiVito A, Leger R. Psychedelics as an emerging novel intervention in the treatment of substance use disorder: A review. *Mol Biol Rep* 2020; 47:9791-9799; <https://doi.org/10.1007/s11033-020-06009-x>
- (8) Ezquerra-Romano I, Lawn W, Krupitsky E, et al. Ketamine for the treatment of addiction: Evidence and potential mechanisms. *Neuropharmacology* 2018;142:72-82; <https://doi.org/10.1016/j.neuropharm.2018.01.017>
- (9) Griffiths R, Johnson M, Carducci M, et al. Psilocybin produces substantial and sustained decreases in depression and anxiety in patients with life-threatening cancer: A randomized double-blind trial. *J Psychopharmacol* 2016;30(12):1181-1197; <https://doi.org/10.1177/0269881116675513>
- (10) Krystal J, Abdallah C, Sanacora G, et al. Ketamine: A paradigm shift for depression research and treatment. *Neuron* 2019;101(5):774-778; <https://doi.org/10.1016/j.neuron.2019.02.005>
- (11) Goodwin G. M., Aaronson S. T., Dunlop B. W, et al. The safety and efficacy of COMP360 psilocybin therapy in treatment-resistant depression: results from a phase IIb randomised controlled trial. *Neuroscience Applied* 2022;1:100511; <https://doi.org/10.1016/J.NSA.2022.100511>
- (12) Muttoni S, Ardissino M, John C. Classical psychedelics for the treatment of depression and anxiety: A systematic review. *Journal of Affective Disorders* 2019;258:11–24; <https://doi.org/10.1016/J.JAD.2019.07.076>

- (13) Lee HJ, Tsang VW, Chai BS, Lin MC, Howard A, Uy C, Elefante JO. Psilocybin's Potential Mechanisms in the Treatment of Depression: A Systematic Review. *J Psychoactive Drugs*. 2023 Jun 29:1-15. doi: 10.1080/02791072.2023.2223195. [Epub ahead of print]. PMID: 37385217.
- (14) Hipólito I, Mago J., Rosas F, et al. Pattern breaking: A complex systems approach to psychedelic medicine. *PsyArXiv* 2023; <https://doi.org/10.31234/OSF.IO/YDU3H>
- (15) Haijen ECHM, Kaelen M, Roseman L, et al. Predicting responses to psychedelics: A prospective study. *Frontiers in pharmacology* 2018;9:897; <https://doi.org/10.3389/fphar.2018.00897>
- (16) Frymann T, Whitney S, Yaden DB, et al. The psychedelic integration scales: Tools for measuring psychedelic integration behaviors and experiences. *Frontiers in Psychology* 2022;13:863247-863247; <https://doi.org/10.3389/fpsyg.2022.863247>
- (17) Peill JM, Trinci K., Kettner H, et al. Validation of the psychological insight scale: A new scale to assess psychological insight following a psychedelic experience. *Journal of Psychopharmacology (Oxford)* 2022;36(1):31-45; <https://doi.org/10.1177/02698811211066709>
- (18) Wolff M, Mertens LJ, Walter M, et al. The Acceptance/Avoidance-promoting experiences questionnaire (APEQ): A theory-based approach to psychedelic drugs' effects on psychological flexibility. *Journal of Psychopharmacology (Oxford)* 2022;36(3):387-408; <https://doi.org/10.1177/02698811211073758>
- (19) Posluns K, Gall TL. Dear mental health practitioners, take care of yourselves: A Literature review on self-care. *Int J Adv Couns* 2020; 42(1):1-20; <https://doi.org/10.1007/s10447-019-09382-w>
- (20) Dupuis D. Prácticas en búsqueda de legitimidad: el uso contemporáneo de la ayahuasca, entre reivindicaciones terapéuticas y religiosas. *Salud Colectiva*. *Salud Colectiva* 2018;14:2; <https://doi.org/>
- (21) Timmermann C, Watts R, Dupuis D. Towards psychedelic apprenticeship: Developing a gentle touch for the mediation and validation of psychedelic-induced insights and revelations. *Transcultural Psychiatry* 2022;59(5):691-704; <https://doi.org/10.1177/13634615221082796>
- (22) Frederking W. Intoxicant drugs (mescaline and lysergic acid diethylamide) in psychotherapy. *J Nerv Ment Dis* 1955; 121(3):262-6; <https://doi.org/10.1097/00005053-195503000-00010>
- (23) Smart, R, Storm, T, Baker, E et al. A controlled study of lysergide in the treatment of alcoholism: I. The effects on drinking behavior. *Quarterly Journal of Studies on Alcohol* 1966; 27(3):469-482
- (24) Winkler P, Csemy L. Self-experimentations with psychedelics among mental health professionals: LSD in the former Czechoslovakia. *J Psychoactive Drugs* 2014; 46(1):11-9; <https://doi.org/10.1080/02791072.2013.873158>
- (25) Winkler, P, Gorman, I, Kocarova, R. Use of LSD by mental health professionals. *Neuropathology of*

Drug Addictions and Substance Misuse 2016; [https://doi.org/ 10.1016/B978-0-12-800212-4.00072-8](https://doi.org/10.1016/B978-0-12-800212-4.00072-8)

(26) Grof S. The Use of LSD in Psychotherapy. *Journal of Psychedelic Drugs* 1970; 3(1):52-62; <https://doi.org/10.1080/02791072.1970.10471362>

(27) Kafka J, Gaarder K. Some effects of the therapist's LSD experience on his therapeutic work. *Am J Psychother* 1964; 18:236-43; [https://doi.org/ 10.1176/appi.psychotherapy.1964.18.2.236](https://doi.org/10.1176/appi.psychotherapy.1964.18.2.236)

(28) Neilson E, Guss J. The influence of therapists' first-hand experience with psychedelics on psychedelic-assisted psychotherapy research and therapist training. *Journal of Psychedelic Studies* 2018; 2(2):64-73; <https://doi.org/10.1556/2054.2018.009>

(29) Fischman LG. Seeing without self: Discovering new meaning with psychedelic-assisted psychotherapy. *Neuropsychoanalysis* [Internet]. 2019;21(2):53–78; <http://dx.doi.org/10.1080/15294145.2019.1689528>

(30) Majić T, Schmidt TT, Gallinat J. Peak experiences and the afterglow phenomenon: when and how do therapeutic effects of hallucinogens depend on psychedelic experiences? *J Psychopharmacol* [Internet]. 2015;29(3):241–53; <http://dx.doi.org/10.1177/0269881114568040>

(31) Multidisciplinary Association of Psychedelic Studies (MAPS). A Phase 1, Open-Label, Multi-Site Study to Assess Psychological Effects of MDMA-Assisted Psychotherapy When Administered to Healthy Volunteers (MT2) 2019; 1

(32) CBC News. Therapists get Health Canada permission to use magic mushrooms [Internet]. Canadian Broadcasting Corporation (CBC); 2020. Available from: <https://www.cbc.ca/news/canada/london/some-doctors-therapists-get-health-canada-permission-to-use-magic-mushrooms-1.5834485>

(33) Grof S. Interview with Stan Grof - Council of Psychedelic Elders. The Fetzer Foundation; 1998.

(34) Halberstadt N. MDMA-assisted psychotherapy: A view from both sides of the couch. *Maps Bulletin* (Special Edition) 2014;24(1):4-6. Available from: <https://maps.org/news/bulletin/mdma-assisted-psychotherapy-a-view-from-both-sides-of-the-couch/>

(35) Mangini M. Treatment of Alcoholism Using Psychedelic Drugs: A Review of the Program of Research. *Journal of Psychoactive Drugs* 1998;30(4): 381-418; <https://doi.org/10.1080/02791072.1998.10399714>

(36) Oram M. Efficacy and enlightenment: LSD psychotherapy and the drug amendments of 1962. *Journal of the History of Medicine and Allied Sciences* 2012;69(2):221-250; <https://doi.org/10.1093/jhmas/jrs050>

(37) Mangini M. Treatment of alcoholism using psychedelic drugs: A review of the program of research. *Journal of Psychoactive Drugs* 1998; 30(4):381-418; [https://doi.org/ 10.1080/02791072.1998.10399714](https://doi.org/10.1080/02791072.1998.10399714)

- (38) Phelps J. Developing guidelines and competencies for the training of psychedelic therapists. *J Humanist Psychol* [Internet]. 2017;57(5):450–87; <http://dx.doi.org/10.1177/0022167817711304>
- (39) Bandura A. *Self-efficacy: The exercise of control*. W.H. Freeman. 1997.
- (40) Luthar S, Cicchetti D, & Becker B. The construct of resilience: A critical evaluation and guidelines for future work. *Child Development*, 2000;71(3):543-562; <https://doi.org/10.1111/1467-8624.00164>
- (41) Maddux, JE. (2002). Self-efficacy: The power of believing you can. In Snyder, C. R., & Lopez, S. J. (Eds.), *Handbook of positive psychology* (pp. 277-287). Oxford University Press.
- (42) Greenberg L, Goldman R. Training in experiential therapy. *Journal of Consulting and Clinical Psychology* 1988; 56(5):696-702; <https://doi.org/10.1037/0022-006X.56.5.696>
- (43) The Star. Professionals request psilocybin for training. *The Star* [Internet]. 2022; Available from: https://www.thestar.com/life/health_wellness/2022/03/02/professionals-request-psilocybin-for-training.html
- (44) Multidisciplinary Association. of Psychedelic Studies Public Benefit Corporation (MAPS PBC). *MDMA Therapy Training*; 2021
- (45) Gearin, A. K., and Devenot, N. 2021. "Psychedelic Medicalization, Public Discourse, and the Morality of Ego Dissolution." *International Journal of Cultural Studies* 24 (6): 917–935. <https://doi.org/10.1177/13678779211019424>.
- (46) Culbreth R. Substance abuse counselors with and without a personal history of chemical dependency: A review of the literature. *Alcoholism Treatment Quarterly*, 2000;18(2):67-82; https://doi.org/10.1300/J020v18n02_05
- (47) Ortiz C, Dourron H, Sweat N, et al. Special Considerations for Evaluating Psilocybin-Facilitated Psychotherapy in Vulnerable Populations. *Neuropharmacology* 2022;214:109127; <https://doi.org/10.1016/j.neuropharm.2022.109127>
- (48) Ilagan, GS, Heatherington L. Advancing the understanding of factors that influence client preferences for race and gender matching in psychotherapy. *Counselling Psychology Quarterly* 2022;35(3):694-717; <https://doi.org/10.1080/09515070.2021.1960274>
- (49) Cabral RR, SmithTB. Racial/ethnic matching of clients and therapists in mental health services: A meta-analytic review of preferences, perceptions, and outcomes. *Journal of Counseling Psychology* 2011;58(4):537–554; <https://doi.org/10.1037/a0025266>
- (50) Shiner B, Leonard Westgate C, Harik JM, et al. Effect of patient-therapist gender match on psychotherapy retention among United States veterans with posttraumatic stress disorder." *Adm Policy Ment Health* 2017;44:642–650; <https://doi.org/10.1007/s10488-016-0761-2>

(51) Sterling RC, Gottheil E, Weinstein SP, et al. The Effect of Therapist/Patient Race- and Sex-Matching in Individual Treatment. *Addiction* 2001;96:1015-1022; <https://doi.org/10.1046/j.1360-0443.2001.967101511.x>.

(52) Stracuzzi TI, Mohr JJ, Fuertes JN. Gay and bisexual male clients' perceptions of counseling: The role of perceived sexual orientation similarity and counselor universal-diverse orientation. *Journal of Counseling Psychology* 2011;58(3):299–309; <https://doi.org/10.1037/a0023603>

(53) Aday JS, Skiles Z, Eaton N, et al. Personal psychedelic use is common among a sample of psychedelic therapists: Implications for research and practice. *Psychedelic Medicine* 2023; <https://doi.org/10.1089/psymed.2022.0004>

(54) Kious B, Schwartz Z, Lewis B. Should we be leery of being Leary? Concerns about psychedelic use by psychedelic researchers. *Journal of Psychopharmacology* 2023;37(1):45-48; <https://doi.org/10.1177/02698811221133461>

(55) Rock A, Denning N, Harris K et al. Exploring holotropic breathwork: An empirical evaluation of altered states of awareness and patterns of phenomenological subsystems with reference to transliminality. 2015; 47:3-24

(56) Pilecki B, Luoma JB, Bathje GJ, et al. Ethical and legal issues in psychedelic harm reduction and integration therapy. *Harm Reduct J* [Internet]. 2021;18(1):40; <http://dx.doi.org/10.1186/s12954-021-00489-1>

(57) Duden S, Reiter J, et al. Mental health of healthcare professionals during the ongoing COVID-19 pandemic: A comparative investigation from the first and second pandemic years. *BMJ Open* 2023;13(3): e067244; <https://doi.org/10.1136/bmjopen-2022-067244>

(58) Dyrbye L, West C, Sinsky C, et al. Medical licensure questions and physician reluctance to seek care for mental health conditions. *Mayo Clinic Proceedings* 2017; 92(10):1486-1493; <https://doi.org/10.1016/j.mayocp.2017.06.020>

(59) Knaak S, Mantler E, Szeto A. Mental illness-related stigma in healthcare: Barriers to access and care and evidence-based solutions. *Healthc Manage Forum* 2017;30(2):111-116. Epub 2017; 2017:16; <https://doi.org/10.1177/0840470416679413>

(60) Kessler R. The national comorbidity survey of the United States. *International Review of Psychiatry* 1994;6:365-376; <https://doi.org/10.3109/09540269409023274>

(61) Dames S, Kryskow P, Watler C. A cohort-based case report: The impact of ketamine-assisted therapy embedded in a community of practice framework for healthcare providers with PTSD and depression. *Frontiers in Psychiatry* 2022; 13:10; <https://doi.org/10.3389/fpsy.2021.803279>

- (62) Gandy S. Psychedelics and potential benefits in healthy normals: A review of the literature. *Journal of Psychedelic Studies* 2019;3(3):280-287; <https://doi.org/10.1556/2054.2019.029>
- (63) Rucker J, Iliff J, Nutt, D. Psychiatry and the Psychedelic Drugs. Past, present and future. *Neuropharmacology* 2018;142:200-218; <https://doi.org/10.1016/j.neuropharm.2017.12.040>
- (64) Rucker J, Young A, Williams S, et al. Psilocybin administration to healthy participants: Safety and feasibility in a placebo-controlled study. *Neuropsychopharmacology* 2019;44:443-444
- (65) Williams M, Reed S, George, J. Culture and psychedelic psychotherapy: Ethnic and racial themes from three Black women therapists. *Journal of Psychedelic Studies* 2021; 4(3):125-138; <https://doi.org/10.1556/2054.2020.00137>
- (66) Hayes, Jeffrey A. 2002. "Playing with Fire: Countertransference and Clinical Epistemology." *Journal of Contemporary Psychotherapy* 32 (1): 93.
- (67) Sovold L, Naslund J, Kousoulis A, et al. Prioritizing the mental health and well-being of healthcare workers: An urgent global public health priority. *Frontiers in public health* 2021;9(67939):7; <https://doi.org/10.3389/fpubh.2021.679397>
- (68) Posluns K, Gall TL. Dear mental health practitioners, take care of yourselves: A literature review on self-care. *International Journal for the Advancement of Counselling* 202;42(1):1-20; <https://doi.org/10.1007/s10447-019-09382-w>
- (69) Goncher ID, Sherman MF, Barnett JE, et al. Programmatic perceptions of self-care emphasis and quality of life among graduate trainees in clinical psychology: The mediational role of self-care utilization. *Training and Education in Professional Psychology* 2013;7(1), 53–60; <https://doi.org/10.1037/a0031501>
- (70) Schomaker SA, Ricard RJ. (2015). Effect of a mindfulness-based intervention on counselor-client attunement. *Journal of Counseling & Development* 2015;93:491–498; <https://doi.org/10.1002/jcad.12047>