



AKADÉMIAI KIADÓ

Journal of Psychedelic
Studies

DOI:


10.1556/2054.2024.00431

© 2024 The Author(s)

COMMENTARY



Experiential dimension of psilocybin-assisted therapy training: Necessity or hindrance to wider accessibility?

LOUIS PLOURDE^{1,2}, SUE-LING CHANG¹,
HOUMAN FARZIN^{3,4}, JEAN-FRANÇOIS STEPHAN⁵,
JEAN-SÉBASTIEN FALLU^{6,7} and MICHEL DORVAL^{1,2,8*} 

¹ CHU de Québec-Université Laval Research Center, Oncology Division, Québec City, QC, Canada

² Faculty of Pharmacy, Université Laval, Québec City, QC, Canada

³ Lady Davis Institute for Medical Research, Jewish General Hospital, Montréal, QC, Canada

⁴ Faculty of Medicine and Health Sciences, McGill University, Montréal, QC, Canada

⁵ Physician and Psychotherapist in Private Practice, Montréal, QC, Canada

⁶ School of Psychoeducation, Université de Montréal, Montréal, QC, Canada

⁷ Center for Public Health Research (CRéSP), Montréal, QC, Canada

⁸ CISSS Chaudière-Appalaches Research Center, Lévis, QC, Canada

Received: November 9, 2024 • Revised manuscript received: December 3, 2024 • Accepted: December 11, 2024

ABSTRACT

The discussion surrounding the necessity of acquiring personal experience of non-ordinary states of consciousness in the course of psilocybin-assisted therapy training is crucial, as it can affect treatment safety, effectiveness and accessibility. As such, the ethical and practical issues associated with such a training standard require timely consideration in jurisdictions where this intervention is endorsed and integrated into healthcare. We believe the most balanced and ethical approach is to make psilocybin legally available for professional training without making it a requirement.

KEYWORDS

psychedelic-assisted therapy training, experiential training, non-ordinary states of consciousness, psilocybin-assisted therapy, implementation and dissemination

With mounting evidence of the potential benefits and safety of psychedelic-assisted therapy (PAT) in the treatment of complex, and often refractory, mental disorders weighing on healthcare, a growing number of jurisdictions are implementing regulatory changes to enable medical access to previously restricted substances, such as psilocybin and MDMA.

In recent years, PAT has become available in Australia and parts of the United States, sparking interest and hope among people in need of effective treatment. In Canada, while the intervention is permitted under a specific legal framework (discussed below), its accessibility remains constrained. While pathways for legally accessing psychedelic substances for therapeutic purposes may differ, this treatment option is normally delivered by specially trained and accredited healthcare professionals. Consequently, training programs have emerged in academic, not-for-profit and private sectors to meet the pressing need for skilled practitioners to support the implementation of PAT (Rosenbaum et al., 2024).

According to Phelps and Henry, “[the] job of a psychedelic therapy training program is to prepare guiding principles, collected knowledge, and evidence-based practices which can serve as footholds on the arc of development” (Phelps & Henry, 2021). This is a lengthy process and, in addition to various areas of competency laying the groundwork for practitioners to facilitate and support the transformative process of future patients (Phelps, 2017; Phelps & Henry, 2021; Timmermann, Watts, & Dupuis, 2022), PAT training programs may

*Corresponding author. CHU de Québec-Université Laval Research Center, Oncology Division, Hôpital du Saint-Sacrement, 1050, Chemin Ste-Foy, local J0-21, Québec, QC, G1S 4L8, Canada. Tel.: +1 418 682 8047. E-mail: michel.dorval@crchudequebec.ulaval.ca

involve or encourage personal experience of non-ordinary states of consciousness, particularly those catalysed by the substance administered in therapy (Dames et al., 2023; Grof, 2008; Rosenbaum et al., 2024).

Presumably, such experiential modules provide valuable, if not inestimable, insight into the complex, nuanced and ineffable nature of the psychedelic experience (Aday et al., 2023; Grof, 2008; Phelps, 2017; Phelps & Henry, 2021; Richards, 2015). As such, the ethical and practical issues associated with such a training standard require timely consideration in jurisdictions where PAT is endorsed. In a field where the scarcity of accredited therapists hampers the rollout of the intervention (Mocanu, Mackay, Christie, & Argento, 2022; Toth v. Canada, 2023), assessing the necessity of firsthand experience as a component of training appears crucial. Yet, this matter has not yet been a significant focus of attention in research (Aday et al., 2023; Earleywine, Low, Altman, & De Leo, 2023; Emmerich & Humphries, 2023; Nielson & Guss, 2018; Rosenbaum et al., 2024).

That said, it is worth highlighting that a clinical trial is underway in Switzerland to investigate the risks and benefits of personal psychedelic experiences within a training course, specifically aiming to assess changes in therapeutic attitude and other important factors such as empathy and cognitive flexibility (Müller, 2022). Also, a Canadian Phase 1 clinical trial involving healthy healthcare practitioners enrolled in a PAT training program has indicated that psilocybin's safety profile was "remarkably benign" and that participants commonly expressed improvements in mental well-being after their psychedelic session (Bennett, Blough, Mitchell, Galloway, & Bains, 2023).

While acknowledging the theoretical risks and agreed upon contraindications associated with the use of psychedelic substances, we argue that the most reasonable and ethical solution is to allow psilocybin to be legally accessible for PAT professional training while not mandating its use. In our view, professional associations should lead discussions concerning the value and necessity of firsthand experience. Given their standing as reputable guiding authorities, their perspectives could potentially influence regulatory bodies. We also believe policymakers have a responsibility to establish frameworks that facilitate safe and legal opportunities for training programs to include (optional) experiential modules where trainees can undergo PAT.

ALTERNATIVE METHODS

While no consensus on the practicalities of experiential training can be found across jurisdictions where PAT is integrated into healthcare, common initiatives have been introduced to acquaint trainees with non-ordinary states of consciousness without relying on psilocybin.

Some alternative methods can foster states of consciousness that are comparable, to some extent, to those induced by psychedelics: holotropic breathwork, most notably, but also advanced meditative or contemplative practices, and sensorial deprivation (Aicher, Duffour, Liechti, Zullino, & Gasser,

2024; Rosenbaum et al., 2024; Villiger, 2024). These approaches can provide valuable experiential knowledge for PAT training in contexts where psilocybin is not legally accessible. However, although many describe intense transpersonal experiences with holotropic breathwork, others do not, and participants may require multiple sessions to fully grasp this particular technique (Fincham et al., 2023). Even more so, achieving a psychedelic-like state through meditative or contemplative practices demands time and dedicated effort, making it an impractical option for most people. These substitutes for the psychedelic experience have other significant limitations, as they differ phenomenologically in terms of subjective and temporal dynamics as well as physical sensations (Aicher et al., 2024). Consequently, non-drug experiences contrast significantly with those of patients undergoing PAT (Dames et al., 2023).

THE CRUX OF THE ACTUAL DEBATE

Recent events in the rapidly evolving Canadian landscape illustrate the interplay of arguments on the question of experiential training in the accreditation process of PAT practitioners. As of 2022, healthcare professionals can access and administer psilocybin to treat a patient suffering from a serious or life-threatening condition when conventional treatment options have proven ineffective or are unsuitable (Special Access Program for Drugs: Guidance Document for Industry and Practitioners, 2022). Despite their recognition of the safety and potential therapeutic benefits of psilocybin, health authorities have denied the requests of 96 healthcare practitioners seeking legal exemptions to use the substance during professional training. The main argument invoked by the Federal Court in September 2023 was the lack of clinical evidence that the ingestion of psilocybin would help trainees provide more effective treatment or "appreciate what the patient experiences" (Toth v. Canada, 2023).

The rationale behind experiential training mostly rests on the assumption that it represents the most reliable, if not only, way to comprehend the range and complexity of the acute subjective effects of psychedelics as well as the influence of diverse factors on the quality of the experience (Emmerich & Humphries, 2023; Grof, 2008; Nielson & Guss, 2018; Phelps, 2017; Phelps & Henry, 2021; Richards, 2015). It may also help develop further empathy and effectiveness in practitioners through increased sensitivity to key factors such as trust, honesty, courage, and openness (Richards, 2015).

It appears the disagreement surrounding the issue of self-experimentation in PAT training stems from the dual nature of this approach, which carries elements of two different traditions, namely psychotherapy and psychopharmacology (Aday et al., 2023; Nielson & Guss, 2018). Just as the traditions of shamanism, yoga and meditation have long valued experiential knowledge and wisdom in their transmission and process of initiation (Eliade, 2015), training for psychoanalysis or psychotherapy customarily involves direct experience of the intervention method, a practice intended to foster self-awareness and self-reflexivity, as well as a deep



understanding of the therapeutic process (Geller, Norcross, & Orlinsky, 2001; Moe & Thimm, 2021). Taking the role of a patient and learning through personal experience and reflection is regarded as an important contribution to clinical practice, cultivating tacit knowledge that is difficult to convey theoretically (Aday et al., 2023).

It is worth adding that psychedelic plants and fungi have long been viewed, within shamanistic and animist traditions, as a vital source of knowledge, wisdom and insight. Also referred to as entheogens when used in sacred and ceremonial contexts, these “plant teachers” are valued as mediators between consciousness and the environment (Tupper, 2002, 2003), guiding shamans in diagnosing and curing illnesses, as well as in the use of medicinal plants (Luna, 1984). This suggests that psychedelic substances themselves may serve not only as valid cognitive or educational tools but also as uniquely beneficial ones (Rochester et al., 2022; Tupper, 2002, 2003).

Conversely, the training of physicians and psychiatrists does not require or encourage experimentation with the various medications that are prescribed in practice (Emmerich & Humphries, 2023), as patient adherence to the regimen alone is expected to decrease symptoms and enhance functioning (Nielson & Guss, 2018).

The key distinction with PAT is that therapeutic outcomes largely depend on the nature, quality and intensity of the subjective experience, rather than solely on pharmacological action targeting biological mechanisms (Andersen, Carhart-Harris, Nutt, & Erritzoe, 2021; Belser et al., 2017; Roseman, Nutt, & Carhart-Harris, 2018; Studerus, Kometer, Hasler, & Vollenweider, 2011). Moreover, the psychedelic experience itself is exceptionally sensitive to contextual, non-pharmacological factors, both internal and external (Belser et al., 2017; Carhart-Harris et al., 2018; Johnson, Richards, & Griffiths, 2008; Metzner, 2017; Studerus, Gamma, Kometer, & Vollenweider, 2012). Hence, the immediate setting of treatment sessions – where the non-intrusive and supportive approach of the therapist is primarily committed to bolstering the patient’s own inner healing intelligence (Gorman, Nielson, Molinar, Cassidy, & Sabbagh, 2021; Mithoefer, Grob, & Brewerton, 2016) – is optimised to promote insight and emotional release, as well as spiritually meaningful experiences (Andersen et al., 2021; Johnson et al., 2008; MacCallum, Lo, Pistawka, & Deol, 2022; Richards, 2015).

PAT is also embedded in a broader cultural context that can affect the treated condition. Therefore, therapists must demonstrate self-awareness and sociocultural humility. This includes recognising patients’ identities, regarding ethnicity, gender, sexuality, socioeconomic status, and experiences of marginalisation or oppression. Cultivating an environment of openness, curiosity, empathy and validation, where the patient feels safe and welcome, is conducive to a meaningful therapeutic relationship (O’Donnell et al., 2024; Williams, Reed, & Aggarwal, 2019). Furthermore, recognition of the complex social determinants of individual illness and of the role of sociocultural context in the healing process is a key factor in achieving long-term successful outcomes in PAT (Bartlett, Vallye, Williams, Nepton, & Feng, 2023).

ROOTED IN THERAPEUTIC ALLIANCE

Since challenging experiences can occur in the therapeutic setting (Barrett, Bradstreet, Leoutsakos, Johnson, & Griffiths, 2016; Gorman et al., 2021; Studerus et al., 2011), risk assessment and measures to mitigate acute effects such as dysphoria or overwhelming emotional distress are essential (Phelps, 2017).

Already recognised as a primary determinant of clinical outcomes in mental healthcare (Kazdin, 2007; Martin, Garske, & Davis, 2000), the therapeutic alliance is crucial in PAT, helping to ensure the safety and efficacy of the intervention (Garcia-Romeu & Richards, 2018). Carefully established during the preparation stage, this rapport fosters trust and a feeling of being supported while under the effects of the substance (Garcia-Romeu & Richards, 2018; Horton, Morrison, & Schmidt, 2021). By allowing patients to surrender and bring forward deeper emotional breakthroughs, it shapes the quality of the psychedelic experience, which in turn enhances the outcome of the therapeutic process (Grof, 2008; Murphy et al., 2022; Richards, 2015; Rosenbaum et al., 2024).

Engaging with trauma and difficult emotional material in such a supportive therapeutic relationship, both during the experience and the ensuing meaning-making process of integration, can be a pivotal step towards healing (Garcia-Romeu & Richards, 2018; Murphy et al., 2022). Given the intense and potentially overwhelming character of the psychedelic session, individuals undergoing PAT may prefer a therapist who has had such an experience to increase their trust in any reassurance during the session (Earleywine et al., 2023).

On the other hand, positions might differ significantly among persons being offered PAT (Emmerich & Humphries, 2023). Even if a practitioner has derived significant epistemic benefits from firsthand psychedelic experience, the disclosure of such information to patients can be problematic (Emmerich & Humphries, 2023; Nielson & Guss, 2018), as it was found to affect the assessment of scientific integrity in the general population (Forstmann & Sagioglou, 2021). Moreover, since the non-medical use of psychedelic substances remains illicit in many contexts where PAT is delivered, therapists with little or no legal access to these compounds for training purposes may face skepticism and stigmatisation (Nielson & Guss, 2018). In other words, a psychedelic experience acquired or suspected outside of a legal framework might be detrimental to the provider’s image.

Nonetheless, anecdotal reports suggest that patients tend to respond positively to a therapist’s self-disclosure. Patients’ anxieties about experiencing an unknown state of consciousness may be diminished when they hear the therapist is familiar with such states. Disclosure also supports destigmatization. Patients who fear judgment from friends and family for using psilocybin may find comfort in knowing their therapist has also used the substance, which can, in turn, reduce their own self-judgment and fear of being judged.



ETHICAL CONSIDERATIONS

Without empirical evidence demonstrating that firsthand experience improves treatment outcomes or safety of PAT, its requirement remains unjustifiable (Villiger, 2024). Mandating such a requirement would raise ethical concerns regarding autonomy, equity and inclusivity (Emmerich & Humphries, 2023; Rosenbaum et al., 2024), which are crucial for the field of PAT (Bartlett et al., 2023; Rochester et al., 2022; Williams et al., 2019).

For some people, it might be impossible to undergo experiential training due to medical contraindications (Aday et al., 2023; Emmerich & Humphries, 2023; Rosenbaum et al., 2024). Others might see a potential social risk or feel unease if this practice is at odds with their cultural or religious background (Aday et al., 2023). Addressing these conflicts openly and constructively in training could help future therapists better understand and navigate similar struggles their patients might face. To that end, curricula would benefit from explicit discussions about reconciling personal and cultural values with professional responsibilities in the context of PAT.

Another consideration is that retreats or fieldwork opportunities involving psychedelics outside of formal medical training can be quite costly, thus inequitable. They can also entail a risk of stigmatization, which may be more pronounced for persons from marginalized communities (Nielson, 2024). Notwithstanding, given the potential benefits and low risk profile of firsthand psychedelic experience, we believe the most balanced approach is to make psilocybin legally available for PAT professional training without making it a requirement.

CONCLUSIONS

Training standards and accreditation represent a cornerstone of the accessibility of PAT in any given regulatory framework. At present, and for the foreseeable future, there is no scientific evidence indicating whether firsthand psychedelic experience enhances therapists' professional competence or influences intervention outcomes. Answering that question empirically requires intricate and expensive study designs, and there appears to be little incentive to prioritise such research in the field at the moment. Moreover, this question will be all the more difficult to assess if PAT trainees must resort to foreign or illegal channels to access psilocybin.

As mentioned, regulators in Canada have cited this lack of clinical evidence as a reason to deny therapists' requests to use psilocybin for training. Given the prevailing emphasis on clinical evidence, we encourage decision-makers to embrace a more nuanced and pluralistic approach, incorporating the perspectives of scholars and practitioners engaged in the field. Concerning the issue at hand, a Canadian multidisciplinary expert committee has recommended including a supervised psychedelic experience in training programs

as a fundamental competency for therapist certification (Rochester et al., 2022). While not yet empirically proven, preliminary findings and conceptual frameworks suggest that experiential training could significantly benefit both therapists and their patients.

Allowing therapists in training to choose whether or not to consume psychedelics seems not only reasonable but crucial. This approach offers the best of two worlds. It allows therapists to decide what is best for their own training amidst ongoing debates and discoveries in the field. It enables patients to access therapists who have legally gained direct experience, ensuring they can benefit from the increased empathy and skill discussed in this article. It empowers therapists to practise PAT with greater confidence and legitimacy, free from the stigma and fear associated with engaging in illicit activities. It also respects therapists who cannot or choose not to have a personal psychedelic experience, allowing them to feel legitimate in their contribution to PAT. These therapists can offer different, less biased perspectives since those who have had deep and life-changing experiences with psychedelics tend to have rather positive biases towards their use and potential.

In an effort to provide maximum efficacy and safety for patients, we contend that at least one of the therapists in a therapy dyad should have experiential training until there is evidence that such an approach is counterproductive. Since the 'do no harm' principle should prioritise patient care, having two therapists without firsthand experience seems unethical. A patient may feel quite alone during a challenging experience if neither therapist can empathise or provide reassurance based on a direct, felt understanding of that particular state, a situation that poses a significant risk of harm.

Fundamentally, training standards must continually be refined to reflect emerging evidence and best practices while addressing both the need for wider PAT accessibility and the challenges posed by regulations hindering access to firsthand psychedelic experience.

Funding sources: This study was funded by a grant from the *Fonds de recherche du Québec* (AUDACE programme). LP is recipient of a scholarship from the *Fonds d'enseignement et de recherche* (Faculty of Pharmacy, Université Laval) and from the Université Laval's *Centre de recherche sur le cancer*. The grant agencies had no role in the conception or in the writing of the manuscript.

Authors' contribution: LP: Conceptualization (lead); writing – original draft (lead); writing – review and editing (lead). SLC: Conceptualization (equal); writing – original draft (equal); writing – review and editing (equal). HF, JFS and JSF: writing – review and editing (equal). MD: Conceptualization (equal); writing – original draft (equal); writing – review and editing (equal).

Conflicts of interest: HF and JFS are trainers for the non-profit organisation TheraPsil. HF was the Montréal site physician for MAPPUSX, a Phase 3 clinical trial of MDMA-



AT for PTSD sponsored by MAPS, and is an early investor in Beckley Psytech. All remaining authors have no competing interests.

LIST OF ABBREVIATIONS

PAT Psychedelic-assisted therapy

REFERENCES

- Aday, J. S., Skiles, Z., Eaton, N., Fredenburg, L., Pleet, M., Mantia, J., ... Woolley, J. D. (2023). Personal psychedelic use is common among a sample of psychedelic therapists: Implications for research and practice. *Psychedelic Medicine*, 1(1), 27–37. <https://doi.org/10.1089/psymed.2022.0004>.
- Aicher, H., Duffour, C., Liechti, M., Zullino, D., & Gasser, P. (2024). *Treatment recommendations Psychedelic-assisted therapy (PAT)*. https://www.swisshealthweb.ch/fileadmin/assets/SANP/2024/sanp.2024.1488043038/Treatment_recommendations_PAT.pdf.
- Andersen, K. A. A., Carhart-Harris, R., Nutt, D. J., & Erritzoe, D. (2021). Therapeutic effects of classic serotonergic psychedelics: A systematic review of modern-era clinical studies. *Acta Psychiatrica Scandinavica*, 143(2), 101–118. <https://doi.org/10.1111/acps.13249>.
- Barrett, F. S., Bradstreet, M. P., Leoutsakos, J.-M. S., Johnson, M. W., & Griffiths, R. R. (2016). The Challenging Experience Questionnaire: Characterization of challenging experiences with psilocybin mushrooms. *Journal of Psychopharmacology*, 30(12), 1279–1295. <https://doi.org/10.1177/0269881116678781>.
- Bartlett, A., Vallely, A., Williams, M. T., Nepton, A., & Feng, R. (2023). Building psychedelic studies as an interdisciplinary academic field: Its urgency and its challenges. *The International Journal for the Psychology of Religion*, 33(4), 415–424. <https://doi.org/10.1080/10508619.2023.2216628>.
- Belser, A. B., Agin-Liebes, G., Swift, T. C., Terrana, S., Devenot, N., Friedman, H. L., ... Ross, S. (2017). Patient experiences of psilocybin-assisted psychotherapy: An interpretative phenomenological analysis. *Journal of Humanistic Psychology*, 57(4), 354–388. <https://doi.org/10.1177/0022167817706884>.
- Bennett, J. N., Blough, M. D., Mitchell, I., Galloway, L., & Bains, R. (2023). *A Phase I trial to inform clinical protocols for the safe administration of psilocybin-assisted psychotherapy*. <https://doi.org/10.1101/2023.04.12.23288325>.
- Carhart-Harris, R. L., Roseman, L., Haijen, E., Erritzoe, D., Watts, R., Branchi, I., & Kaelen, M. (2018). Psychedelics and the essential importance of context. *Journal of Psychopharmacology*, 32(7), 725–731. <https://doi.org/10.1177/0269881118754710>.
- Dames, S., Watler, C., Kryskow, P., Allard, P., Gagnon, M., & Tsang, V. (2023). Psychedelic-assisted therapy training: First-hand experience of non-ordinary states of consciousness in the development of competence. *Change (Roots to Thrive)*, 16.
- Earleywine, M., Low, F., Altman, B. R., & De Leo, J. (2023). How important is a guide who has taken psilocybin in psilocybin-assisted therapy for depression? *Journal of Psychoactive Drugs*, 55(1), 51–61. <https://doi.org/10.1080/02791072.2022.2047842>.
- Eliade, M. (2015). *Le yoga: Immortalité et liberté*. Payot.
- Emmerich, N., & Humphries, B. (2023). Is the requirement for first-person experience of psychedelic drugs a justified component of a psychedelic therapist's training? *Cambridge Quarterly of Healthcare Ethics*, 1–10. <https://doi.org/10.1017/S0963180123000099>.
- Fincham, G. W., Kartar, A., Uthaug, M. V., Anderson, B., Hall, L., Nagai, Y., ... Colasanti, A. (2023). High ventilation breathwork practices: An overview of their effects, mechanisms, and considerations for clinical applications. *Neuroscience and Biobehavioral Reviews*, 155, 105453. <https://doi.org/10.1016/j.neubiorev.2023.105453>.
- Forstmann, M., & Sagioglou, C. (2021). How psychedelic researchers' self-admitted substance use and their association with psychedelic culture affect people's perceptions of their scientific integrity and the quality of their research. *Public Understanding of Science*, 30(3), 302–318. <https://doi.org/10.1177/0963662520981728>.
- Garcia-Romeu, A., & Richards, W. A. (2018). Current perspectives on psychedelic therapy: Use of serotonergic hallucinogens in clinical interventions. *International Review of Psychiatry*, 30(4), 291–316. <https://doi.org/10.1080/09540261.2018.1486289>.
- Geller, J. D., Norcross, J. C., & Orlinsky, D. E. (Eds.) (2001). *The psychotherapist's own psychotherapy: Patient and clinician perspectives*. Oxford University Press. <https://doi.org/10.1093/med:psych/9780195133943.001.0001>.
- Gorman, I., Nielson, E. M., Molinar, A., Cassidy, K., & Sabbagh, J. (2021). Psychedelic harm reduction and integration: A trans-theoretical model for clinical practice. *Frontiers in Psychology*, 12, 645246. <https://doi.org/10.3389/fpsyg.2021.645246>.
- Grof, S. (2008). *LSD psychotherapy: The healing potential of psychedelic medicine* (4th ed.). MAPS.
- Horton, D. M., Morrison, B., & Schmidt, J. (2021). Systematized review of psychotherapeutic components of psilocybin-assisted psychotherapy. *American Journal of Psychotherapy*, 74(4), 140–149. <https://doi.org/10.1176/appi.psychotherapy.20200055>.
- Johnson, M., Richards, W., & Griffiths, R. (2008). Human hallucinogen research: Guidelines for safety. *Journal of Psychopharmacology*, 22(6), 603–620. <https://doi.org/10.1177/0269881108093587>.
- Kazdin, A. E. (2007). Mediators and mechanisms of change in psychotherapy research. *Annual Review of Clinical Psychology*, 3(1), 1–27. <https://doi.org/10.1146/annurev.clinpsy.3.022806.091432>.
- Luna, L. E. (1984). The concept of plants as teachers among four mestizo shamans of Iquitos, northeastern Peru. *Journal of Ethnopharmacology*, 11(2), 135–156. [https://doi.org/10.1016/0378-8741\(84\)90036-9](https://doi.org/10.1016/0378-8741(84)90036-9). 6492831.
- MacCallum, C. A., Lo, L. A., Pistawka, C. A., & Deol, J. K. (2022). Therapeutic use of psilocybin: Practical considerations for dosing and administration. *Frontiers in Psychiatry*, 13, 1040217. <https://doi.org/10.3389/fpsyg.2022.1040217>.
- Martin, D. J., Garske, J. P., & Davis, M. K. (2000). Relation of the therapeutic alliance with outcome and other variables: A meta-analytic review. *Journal of Consulting and Clinical Psychology*, 68(3), 438–450. <https://doi.org/10.1037/0022-006X.68.3.438>.
- Metzner, R. (2017). *Ecology of consciousness: The alchemy of personal, collective, and planetary transformation*. Reveal Press, an imprint of New Harbinger Publications, Inc.
- Mithoefer, M. C., Grob, C. S., & Brewerton, T. D. (2016). Novel psychopharmacological therapies for psychiatric disorders:



- Psilocybin and MDMA. *The Lancet Psychiatry*, 3(5), 481–488. [https://doi.org/10.1016/S2215-0366\(15\)00576-3](https://doi.org/10.1016/S2215-0366(15)00576-3).
- Mocanu, V., Mackay, L., Christie, D., & Argento, E. (2022). Safety considerations in the evolving legal landscape of psychedelic-assisted psychotherapy. *Substance Abuse Treatment, Prevention, and Policy*, 17(1), 37. <https://doi.org/10.1186/s13011-022-00468-0>.
- Moe, F. D., & Thimm, J. (2021). Personal therapy and the personal therapist. *Nordic Psychology*, 73(1), 3–28. <https://doi.org/10.1080/19012276.2020.1762713>.
- Müller, F. (2022). *The role of personal experience for the therapeutic attitude in the context of substance-assisted therapy training*. (NCT05570708) [Dataset]. <https://clinicaltrials.gov/study/NCT05570708>.
- Murphy, R., Kettner, H., Zeifman, R., Giribaldi, B., Kartner, L., Martell, J., ... Carhart-Harris, R. (2022). Therapeutic alliance and rapport modulate responses to psilocybin assisted therapy for depression. *Frontiers in Pharmacology*, 12, 788155. <https://doi.org/10.3389/fphar.2021.788155>.
- Nielson, E. M. (2024). Psychedelics as a training experience for psychedelic therapists: Drawing on history to inform current practice. *Journal of Humanistic Psychology*, 64(4), 618–634. <https://doi.org/10.1177/00221678211021204>.
- Nielson, E. M., & Guss, J. (2018). The influence of therapists' first-hand experience with psychedelics on psychedelic-assisted psychotherapy research and therapist training. *Journal of Psychedelic Studies*, 2(2), 64–73. <https://doi.org/10.1556/2054.2018.009>.
- O'Donnell, K. C., Okano, L., Alpert, M., Nicholas, C. R., Thomas, C., Poulter, B., ... O'loria G, M. (2024). The conceptual framework for the therapeutic approach used in phase 3 trials of MDMA-assisted therapy for PTSD. *Frontiers in Psychology*, 15, 1427531. <https://doi.org/10.3389/fpsyg.2024.1427531>.
- Phelps, J. (2017). Developing guidelines and competencies for the training of psychedelic therapists. *Journal of Humanistic Psychology*, 57(5), 450–487. <https://doi.org/10.1177/0022167817711304>.
- Phelps, J., & Henry, J. (2021). Foundations for training psychedelic therapists. In F. S. Barrett, & K. H. Preller (Eds.), *Disruptive psychopharmacology* (Vol. 56, pp. 93–109). Springer International Publishing. https://doi.org/10.1007/7854_2021_266.
- Richards, W. A. (2015). *Sacred knowledge: Psychedelics and religious experiences*. Columbia University Press.
- Rochester, J., Vallely, A., Grof, P., Williams, M. T., Chang, H., & Caldwell, K. (2022). Entheogens and psychedelics in Canada: Proposal for a new paradigm. *Canadian Psychology/Psychologie Canadienne*, 63(3), 413–430. <https://doi.org/10.1037/cap0000285>.
- Roseman, L., Nutt, D. J., & Carhart-Harris, R. L. (2018). Quality of acute psychedelic experience predicts therapeutic efficacy of psilocybin for treatment-resistant depression. *Frontiers in Pharmacology*, 8, 974. <https://doi.org/10.3389/fphar.2017.00974>.
- Rosenbaum, D., Hare, C., Hapke, E., Herman, Y., Abbey, S. E., Sisti, D., & Buchman, D. Z. (2024). Experiential training in psychedelic-assisted therapy: A risk-benefit analysis. *Hastings Center Report*, 54(4), 32–46. <https://doi.org/10.1002/hast.1602>.
- Special Access Program for Drugs: Guidance Document for Industry and Practitioners, Government of Canada (2022).
- Studerus, E., Gamma, A., Kometer, M., & Vollenweider, F. X. (2012). Prediction of psilocybin response in healthy volunteers. *Plos One*, 7(2), e30800. <https://doi.org/10.1371/journal.pone.0030800>.
- Studerus, E., Kometer, M., Hasler, F., & Vollenweider, F. X. (2011). Acute, subacute and long-term subjective effects of psilocybin in healthy humans: A pooled analysis of experimental studies. *Journal of Psychopharmacology*, 25(11), 1434–1452. <https://doi.org/10.1177/0269881110382466>.
- Timmermann, C., Watts, R., & Dupuis, D. (2022). Towards psychedelic apprenticeship: Developing a gentle touch for the mediation and validation of psychedelic-induced insights and revelations. *Transcultural Psychiatry*, 59(5), 691–704. <https://doi.org/10.1177/13634615221082796>.
- Toth v. Canada (Mental Health and Addictions), Pub. L. No. 2023 FC 1283, T-1424-22 (2023). <https://canlii.ca/t/k09qn>.
- Tupper, K. W. (2002). Entheogens and existential intelligence: The use of plant teachers as cognitive tools. *Canadian Journal of Education/Revue Canadienne de l'éducation*, 499–516.
- Tupper, K. W. (2003). Entheogens & education: Exploring the potential of psychoactives as educational tools. *Journal of Drug Education and Awareness*, 1(2), 145–161.
- Villiger, D. (2024). Personal psychedelic experience of psychedelic therapists during training: Should it be required, optional, or prohibited? *International Review of Psychiatry*, 1–10. <https://doi.org/10.1080/09540261.2024.2357669>.
- Williams, M. T., Reed, S., & Aggarwal, R. (2019). Culturally informed research design issues in a study for MDMA-assisted psychotherapy for posttraumatic stress disorder. *Journal of Psychedelic Studies*, 4(1), 40–50. <https://doi.org/10.1556/2054.2019.016>.

Open Access statement. This is an open-access article distributed under the terms of the Creative Commons Attribution-NonCommercial 4.0 International License (<https://creativecommons.org/licenses/by-nc/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium for non-commercial purposes, provided the original author and source are credited, a link to the CC License is provided, and changes - if any - are indicated.

