

## Oregon Psilocybin Advisory Board

November 17, 2021  
1:00 p.m. to 4:00 p.m.

To Join via Zoom:

<https://www.zoomgov.com/j/16018821728>

Meeting ID: 160 1882 1728

### Attendance

Ali Hamade  
Andre Ourso  
Angela Carter  
Atheir Abbas  
Barb Hansen  
David Hart  
Jessie Uehling  
Kevin Fitts  
Kimberly Golletz  
Mason Marks  
Nathan Rix  
Rachel Knox  
Sarah Present  
Stephanie Barrs  
Todd Korthuis  
Tom Eckert  
Tom Jeanne

Agenda Item	Description and/or Coresponding Action Items + Outcome, Vote Count, Action Items	Presenter	Time
Meeting Convenes	Welcome, Roll Call, 5 minutes	Tom Eckert, <i>OPAB Chair</i>	1:00 p.m.
OHA Updates	Oregon Psilocybin Services Update, 5 minutes	Angie Allbee, <i>OHA-OPS Section Manager</i>	1:05 p.m.
Research SC Speaker Recommendation	Vote to approve Research SC speaker recommendation: Hanifa Washington and Josh White from Fireside Project Ben Feinbberg from Warren Wilson College	Atheir Abbas, <i>Research SC Co-Chair</i>	1:10 p.m.
Research SC Membership Recommendation	Vote to approve Dr. Bia Labate as member of Research Subcommittee	Mason Marks, <i>OPAB Member</i>	1:15 p.m.
Equity and Training Recommendations	<p>Vote to approve Training recommendations from Equity and Training SC, 1 hour and 40 minutes</p> <p><b>Consideration of Equity SC Recommendations.</b></p> <p><u>EQUITY IN CORE MATERIALS (See attached document for detail and defintions)</u></p> <p>1) <i>Orient learners to the meanings of cultural equity and racial justice, and to the ethics of relational care and reciprocity, and use these core competencies as the framework to develop and present all core modules.</i></p>	<p>Dr. Rachel Knox and Dr. Angie Carter, <i>Equity SC Co-Chairs</i></p> <p>Tom Eckert and Dr. Angie Carter, <i>Training SC Co-Chairs</i></p>	1:25 p.m.

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|  | <p>2) <i>Teach “cultural equity” as a core module, and include in this module a historical accounting of systemic inequity and intergenerational trauma.</i></p> <p>3) <i>Teach “historical, traditional knowledge and practices” as a core module.</i></p> <p>4) <i>Teach Trauma Informed Care, broader concepts of trauma including the physiology of trauma, and how physiology generally shapes all experiences including the experience of trauma.</i></p> <p>5) <i>Teach community- and self-care, addressing vicarious trauma, vicarious resilience, empathic stress, compassion fatigue, and compassion satisfaction.</i></p> <p>6) <i>The Psilocybin Services Program, by rule or by policy, should orient Facilitator Training Programs and their learners to Measure 109 and its impacts on and intersection with Measure 110.</i></p> <p>7) <i>Require training in basic CPR for all facilitators and look into the opportunities and implications of dual tracking with Traditional Health Workers or Community Health Workers.</i></p> <p><u>STUDENT MASTERY OF EQUITY IN CORE MATERIALS (See attached doc for detail and definitions)</u></p> <p>1) <i>Recommend that OHA require training programs to have a means to measure student proficiency in cultural equity, racial justice, and the ethics of relational care and reciprocity</i></p> |  |  |
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**Consideration of Training SC Recommendations.**

DEFINITION

*For Training Subcommittee recommendations, the terms “program” and ‘training program’ shall mean a comprehensive training program.*

ADMINISTRATION RECCOMENDATIONS

- 1. As part of their enrollment and application process, training programs shall require applicants to submit information and materials that include, but are not limited to, a signed authorization permitting the program to conduct a criminal background check, letters of reference, a description of educational background, and a written statement demonstrating commitment to entering the field and serving the community with integrity.*
  
- 2. Programs shall provide Core Training that consists of at least 120 hours. At least 25% of Core Training hours shall take place in an in-person teaching format. At least 50% of Core Training not conducted in-person shall be conveyed through online synchronous learning. Synchronous Learning means that students learn from their instructor at the same time as their fellow students.*
  
- 3. Core Training will devote specified minimum hours to each of the following subject areas:*
  - Historical, Traditional, and Contemporary Plant Medicine Practices and Applications (12)*
  - Diversity, Equity, and Inclusion in relation to Psilocybin Services (12)*
  - Safety, Ethics and Responsibilities of a Psilocybin Facilitator (10)*

- *Psilocybin Pharmacology, Neuroscience, and Clinical Research (12)*
- *Core Psilocybin Facilitation Skills (16)*
- *Conducting a Psilocybin Preparation and Orientation Session (16)*
- *Conducting a Psilocybin Administration Session (20)*
- *Conducting Psilocybin Integration (14)*
- *Group Psilocybin Facilitation (8)*

4. *Programs shall require students to complete practicum training. The goal of practicum training is to provide students the opportunity to facilitate and observe the facilitation of non-ordinary states of consciousness. Over time, and as the number of licensed Service Centers and qualified supervisors allows, practicum training shall include placement at a Practicum Site where students shall observe and facilitate psilocybin services under the supervision of a Practicum Site Supervisor. In cases in which a Practicum Site is not reasonably available or accessible to students, a training program will identify and facilitate alternative training for students to fulfill the practicum requirement and describe to the Oregon Health Authority how this alternative training reasonably approximates training at a Practicum Site. Students shall complete a minimum of 40 hours of practicum training, including at least 30 hours of direct practice, and at least 10 hours of consultation relating to the student’s direct practice.*

a. *Practicum Site: A licensed Psilocybin Service Center or other designated site approved by the Oregon Health Authority to provide practicum training.*

b. *Practicum Site Supervisor (Site Supervisor): An onsite practicum supervisor of assigned trainees, affiliated with a Practicum Site. It is the primary responsibility of the Site Supervisor to develop the trainee’s*

	<p><i>practicum skills and evaluate a trainee’s practicum performance, focusing on direct services with clients / participants.</i></p> <p>5. <i>Partial Training Programs may be approved by the Oregon Health Authority to offer specific Core Training to students while not providing all Core Training. Partial Training Programs must clearly identify to prospective students that they do not offer all required Core Training. If a program grants Accelerated Training hours to students, it must also accept transfer credits from Partial Training Programs. Partial training programs are not subject to the requirement that their students complete practicum training.</i><sup>1</sup></p> <p>6. <i>Training programs can either categorically accept or not categorically accept transfer hours from all Partial Training Programs. Training programs cannot accept transfer hours from one or some Partial Training Programs while denying transfer hours from others.</i><sup>2</sup></p> <p>7. <i>Comprehensive training programs shall have more than one Lead Educator on staff. All presenters of the curriculum affiliated with a training program, whether Lead Educators, contracted specialists, or guest speakers, shall have significant relevant experience and/or education in the subject areas on which they are presenting. Partial Training Programs are not required to have more than one Lead Educator.</i></p> <p>a. <i>Lead Educator: An educator affiliated with a training program who provides Core Training to students and tracks the progress of students throughout the program.</i></p>		
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<sup>1</sup> Equity subcommittee considered an identical recommendation on 11/3/21

<sup>2</sup> Equity subcommittee considered an identical recommendation on 11/3/21

8. *Each training program shall identify a Program Director who has authority to confer student enrollment and program completion.*

9. *Training programs shall maintain a level of training for students such that students who successfully complete the program's training could reasonably expect to possess the knowledge and skills required to pass the state licensing exam and practice in good standing as a licensed facilitator.*

10. *Training programs shall train students in CPR and First Aid or ensure that students have current certification prior to program completion.*

CURRICULUM RECCOMENDATIONS

1. *Programs shall provide students with an overview of historical and current views and practices involving the role of fungi and plant medicines in various wisdom traditions, including indigenous and shamanic traditions, and in identifying the key differences and shared principles across cultures in relation to plant medicine use.*

2. *Programs shall train students in the ethical dimensions around working across diverse social locations and cultures, while highlighting the potential for psilocybin services to address and redress inequities and stigma resulting from the current structure of health care systems and delivery of healthcare services, particularly in relation to BIPOC community members and persons who, through identity, experience, or geography, have lacked meaningful access to behavioral health and wellness care.*

	<p>3. <i>Programs shall train students in pharmacology related to psilocybin, supporting students to understand:</i></p> <ul style="list-style-type: none"><li>• <i>Pharmacodynamics and pharmacokinetics of psilocybin</i></li><li>• <i>How various medications and supplements, including MAO inhibitors and SSRI's, can interact with psilocybin</i></li><li>• <i>The metabolism of psilocybin and psilocybin products</i></li></ul> <p>4. <i>Programs shall train students in basic neuroscience relating to psilocybin, supporting students to understand:</i></p> <ul style="list-style-type: none"><li>• <i>The concept of neuroplasticity and neurogenesis</i></li><li>• <i>The primary effects of psilocybin on the brain, including connectivity in and between areas in the brain, such as effects on the Default Mode Network</i></li><li>• <i>Current theories on mechanisms of action of psilocybin</i></li></ul> <p>5. <i>Programs shall train students in key areas of research, including, but not limited to:</i></p> <ul style="list-style-type: none"><li>• <i>Depression and Treatment Resistant Depression</i></li><li>• <i>Substance Use Concerns</i></li><li>• <i>End of Life / Palliative / Existential Distress</i></li><li>• <i>Anxiety</i></li><li>• <i>Trauma</i></li><li>• <i>Spirituality</i></li><li>• <i>Enhancements relating to measures of wellness, such as well-being, pro-social behavior, creativity, eco-mindedness, openness, and connectedness</i></li><li>• <i>Emerging research in the field</i></li></ul> <p>6. <i>Programs shall train students on the Oregon Psilocybin Services Act and related laws, regulations, and professional standards as they</i></p>		
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	<p><i>pertain to the rights and ongoing professional obligations of licensed Facilitators.</i></p> <p><i>7. Programs shall train students to develop an awareness of personal motives for doing this work, with an understanding of problematic motives.</i></p> <p><i>8. Programs shall train students in ethical issues related to psilocybin facilitation, following Oregon’s Facilitator Code of Ethics.</i></p> <p><i>9. Programs shall train students to demonstrate an awareness of ethical considerations relating to equity and reciprocity, including an understanding of what cultural appropriation means and its impact in people’s lives.</i></p> <p><i>10. Programs shall train students in how to prepare clients for psilocybin use in a manner that ensures informed consent, safety planning, and promotes an understanding of the boundaries between the facilitator and the client.</i></p> <p><i>11. Programs shall train students to recognize their scope of practice, how to relate scope of practice to a Client Information Form, how to identify clients in need of referral to specialized treatment services, and how to provide such referrals in a timely manner.</i></p> <p><i>12. Programs shall train students to have the capacity to evaluate a standardized Client Information Form to help determine whether and under what circumstances a client is an appropriate candidate for psilocybin services, what should be included in safety planning, and whether a client’s needs fall under a facilitator’s scope of practice.</i></p>		
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13. Programs shall train students to have the capacity to conduct an intake interview for the purpose of establishing a trusting alliance with a client and evaluating a client's readiness for psilocybin services.

14. Programs shall train students to determine a client's goodness of fit with a facilitator, based on information on a standardized Client Information Form, a facilitator's scope of practice, the strength of the alliance between the client and facilitator, and a facilitator and client's assessment of the appropriateness of psilocybin services for the client at the current time.

15. Programs shall train students to understand various dosing strategies and considerations, taking into account:

- Experiential differences relating to differing dosages
- Physiological considerations in relation to dosage
- Delivery mechanisms of psilocybin
- Use of secondary doses

16. Programs shall train students in the foundations of traumatic stress (individual and systemic), including how it's stored in the body, how it can manifest during the psilocybin experience, and what to do in these circumstances. Programming will help students to:

- Understand that trauma is embedded in the body
- Identify repressed trauma rising to the surface of consciousness during a psilocybin experience
- Identify intergenerational trauma and traumatic stress resulting from systemic oppression
- Create safety for trauma resolution
- Understand the risks associated with re-traumatization resulting from the psilocybin experience

	<ul style="list-style-type: none"><li>• <i>Use self-regulatory skills in response to a client’s trauma reaction</i></li></ul> <p>17. <i>Programs shall train students in skills needed to serve as an empathic presence for clients, including an ability to sustain a nondirective facilitation approach and a nonjudgmental and accepting disposition, to suspend attention evenly over the course of a session, to communicate clearly and compassionately, to respond to distress with calmness, and to monitor interpersonal boundaries.</i></p> <p>a. <i>Nondirective Facilitation: An approach to facilitation in which the facilitator maintains a consistent, warm, and affirming disposition with a client, while avoiding giving the client direct advice or directly interpreting a client’s statements or behaviors. The goal of nondirective facilitation is for clients to discover things about themselves for themselves with minimal guidance from a facilitator. Pace and direction is controlled by the client. An exception would be when safety is at stake, at which point it may be incumbent on a facilitator to become directive in the service of safety.</i></p> <p>18. <i>Programs shall train students to identify and facilitate a variety of subjective psilocybin experiences, including experiences relating to bodily sensations, cognitive processes, emotional states, spiritual and mystical states, and traumatic memories.</i></p> <p>19. <i>Programs shall train students to demonstrate skills necessary to safely and effectively facilitate non-ordinary states of consciousness during a personal process of transformation, including, but not limited to:</i></p> <ul style="list-style-type: none"><li>• <i>Reflective listening</i></li><li>• <i>Discerning when to intervene and when to step back during a client’s experience</i></li></ul>		
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- *Resisting the urge to impose meaning upon a client's experience*
  - *Ethically navigating power differentials between facilitator and client*
  - *Demonstrating a capacity to create a safe container for difficult or intense thoughts, emotions, and experiences*
  - *Understanding when and how a client may need additional support or a higher level of care*
20. *Programs shall train students to develop an understanding of the optimal use of environmental components within a psilocybin administration session, including, but not limited to, space, lights, smells, decor, comfort, access to bathroom, and minimization of outside-session distractions.*
21. *Programs shall train students in a trauma-informed manner on how to safely manage and reduce potential harms related to difficult or adverse behavioral or medical responses that may arise as a result of psilocybin ingestion.*
- a. *Adverse Behavioral Response means behavior engaged in by a*
  - b. *client during an administration or integration session that endangers*
  - c. *the safety of the client, the Facilitator, or others whom the client encounters or may reasonably encounter.*
  - d. *Adverse Medical Response means a physiological reaction of a client during an administration session the continuation of which could lead to medical harm.*
22. *Programs shall train students to develop characteristics and skills related to effectively working with challenging behaviors during session, such as:*

	<ul style="list-style-type: none"><li>• <i>Calmness</i></li><li>• <i>Empathic presence and nonjudgmental listening</i></li><li>• <i>Non-directive communication skills</i></li><li>• <i>Knowing when and how to be directive in support of safety</i></li><li>• <i>Recognizing signs of medical distress and knowing when and how to seek support if there are safety concerns beyond the facilitator's scope of practice</i></li></ul> <p>23. <i>Programs shall train students to demonstrate an understanding of skills, processes, and criteria involved in completing a psilocybin administration session, including an ability to discern when and how to initiate and document completion of the administration session, and how to facilitate this transition with a client.</i></p> <p>24. <i>Programs shall train students on proper integration tools, techniques, and resources available to help clients process their psilocybin experiences.</i></p> <p>25. <i>Programs shall train students to articulate the goals of an integration session, including, but not limited to:</i></p> <ul style="list-style-type: none"><li>• <i>Exploration of negative feelings from psilocybin session</i></li><li>• <i>Facilitation of positive internal and external changes</i></li><li>• <i>Enhancement of existing supportive relationships</i></li><li>• <i>Maintenance of trust and positive connection between client and facilitator</i></li></ul> <p>26. <i>Programs shall train students to use open-ended questions that support effective integration, including those relating to:</i></p> <ul style="list-style-type: none"><li>• <i>Memories from the psilocybin experience</i></li><li>• <i>Positive and challenging aspects of the psilocybin experience</i></li><li>• <i>Role of previously identified intention during the experience</i></li></ul>		
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	<ul style="list-style-type: none"> <li>• <i>How the experience might affect a client’s relationships</i></li> <li>• <i>How the client can incorporate new insights and breakthroughs into daily life</i></li> </ul> <p>27. <i>Programs shall train students to demonstrate skills required to facilitate an effective and safe psilocybin group session, including, but not limited to:</i></p> <ul style="list-style-type: none"> <li>• <i>Screening a participant for compatibility with group format</i></li> <li>• <i>Facilitating group rapport</i></li> <li>• <i>Establishing a sense of safety within the group</i></li> <li>• <i>Discussing group agreements, including confidentiality, boundaries, ethics, and communication rules</i></li> <li>• <i>Facilitating group cohesion, belonging, and safety</i></li> <li>• <i>Identifying when an individual within a group requires one-to-one support, removal from a group, or additional intervention</i></li> </ul> <p style="text-align: center;"><u>SUPPLEMENTARY RECCOMENDATIONS</u></p> <ol style="list-style-type: none"> <li>1. <i>Programs shall train students on maintaining appropriate boundaries between facilitators and clients, the risk of emotional and sexual abuse, the potential harm to clients, and the consequences for facilitators.</i></li> <li>2. <i>Programs shall train students in professional ethics, including fraud, financial exploitation, the risks of financial conflicts of interest, and when and how to disclose those conflicts.</i></li> <li>3. <i>Programs shall train students on the importance of accurate record keeping and how to maintain appropriate client records including the importance of maintaining client privacy and data security.</i></li> </ol>		
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	<p>4. <i>Programs shall train students in the fiduciary duties that facilitators owe clients and the consequences of breaching those duties.</i></p> <p>5. <i>Programs shall train students to understand and explain all aspects of the client informed consent form and the appropriate timing and procedures for obtaining informed consent from clients.</i></p> <p>6. <i>Programs shall train students to understand and explain the client bill of rights and the related responsibilities of facilitators.</i></p> <p>7. <i>Programs shall train students in the legal requirements of Oregon’s Measure 109.</i></p> <p>8. <i>Programs shall train students on how to proactively make psilocybin services accessible to people with disabilities.</i></p> <p>9. <i>Programs shall train students on appropriate handling, storage, and dispensing of psilocybin products.</i></p> <p>10. <i>Programs shall train students in appropriate emergency procedures for obtaining medical assistance for clients and assisting vulnerable clients during emergencies.</i></p>		
<p>Equity and Products Recommendations</p>	<p>Vote to approve Products recommendations from Equity and Training Subcommittees, 50 minutes</p> <p><b>Consideration of Equity SC Recommendations</b></p> <p>1. <i>Recommend that rules create a list of prohibited additives and ingredients.</i></p>	<p>Dr. Rachel Knox and Dr. Angie Carter, <i>Equity SC Co-Chairs and Products SC Members</i></p>	<p>3:05 p.m.</p>

	<ol style="list-style-type: none"><li>2. <i>Direct OHA and the Psilocybin Services Program to maintain a list, with scientific citations, of allowable and prohibited food, food ingredients, and additives that may potentiate, attenuate, or affect the onset of action or duration of action of psilocybin.</i></li><li>3. <i>Recommend that administrative rules should make permissible, and carefully regulate and ethically examine, psilocybin product innovation, such as but not limited to innovations in formulation and routes of delivery, that improves accessibility to clients with disabilities, gastrointestinal intolerances, or other physical or mental barriers to ingestion.</i></li><li>4. <i>Recommend that OHA “Make permissible, carefully regulate, and ethically examine additives that may be common or necessary in formulating products intended for variable routes of administration to ensure bioavailability, predictability, safety, shelf stability, and tolerability.”</i></li><li>5. <i>Recommend that OHA “Make permissible, carefully regulate, and ethically examine manufacturing technologies such as but not limited to nanoemulsion techniques, or medical devices in the development of combination products (e.g., inhalers, transdermal patches, or suppositories) that may be common or necessary in formulating products intended for variable routes of administration to ensure bioavailability, predictability, safety, shelf stability, and tolerability.”</i></li><li>6. <i>Recommend that OHA allow psilocybin products using the following delivery methods: ingestible, pulmonary, transmucosal, and transdermal.</i></li></ol>		
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	<p>7. <i>Recommend that OPAB “Direct OHA and the Psilocybin Services Program to evaluate psilocybin products every twelve months beginning in 2024, and report:</i></p> <ul style="list-style-type: none"><li><i>a. Its findings regarding the cultural, economic, safety, and social impacts of currently allowable psilocybin products;</i></li><li><i>b. Its response to an accompanying annual public comment period;</i></li><li><i>c. The announcement of newly allowed or newly excluded psilocybin products, foods, food ingredients, or other additives;</i></li><li><i>d. A review of completed, ongoing, and prospective clinical trials and FDA approval status for natural and/or synthetic psilocybin products, and their implications on the Oregon Psilocybin Services Program; and</i></li><li><i>e. An analysis of the opportunities and limitations of allowing or excluding chemical synthesis in the manufacture of psilocybin products in the Oregon Psilocybin Services Program, and the cultural, economic, safety, and social impacts of those opportunities and limitations.</i></li></ul> <p>8. <i>Recommend that OHA “Avoid prohibiting foods, food ingredients, or additives solely on the basis of being liable to potentiate, attenuate, or affect onset of action or duration of effect, as these effects are not inherently adverse.”</i></p> <p>9. <i>Recommend that OHA “Prohibit foods, food ingredients, or additives based on their liability to produce adverse effects, toxicity, and/or known and dangerous drug-drug interactions.”</i></p> <p>10. <i>Recommend that OHA “Prohibit concentrations of foods, food ingredients, or additives based on their liability, at or above that concentration, to produce adverse effects, toxicity, and/or known and dangerous drug-drug interactions.”</i></p>		
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11. *Recommend that OHA “Require the accurate labeling of all foods, food ingredients, and additives in psilocybin products, which should be accompanied by appropriate disclaimers such as potential potentiation or attenuation, acceleration or delay in onset, or shortened or extended duration of action of psilocybin.”*
12. *Recommend that the Products Subcommittee and Psilocybin Advisory Board examine harm-reduction considerations for products or substances clients may consume prior to, during, or after administration services.*
13. *Recommend that OHA “Make permissible ‘remediation’ pathways for over-production other than destruction such as: Supplying a non-profit Service Center, Supplying research studies, Further processing into shelf-stable forms for storage and distribution at a later date.”*
14. *Recommend that OHA “Allow the mixing of psilocybin products by facilitators and authorized Service Center staff with pre-packaged food products and filtered water.”*

**Consideration Remaining Product SC Recommendations**

1. *Permit solvents methanol, ethanol, water and acetic acid for psilocybin extraction.*
2. *Permit ingestible and transmucosal delivery methods of psilocybin products.*

Public Comment Period	Comments from the Members of the Public, 5 minutes	Tom Eckert, <i>OPAB Chair</i>	3:55 p.m.
Adjourn	Meeting adjourns	Tom Eckert, <i>OPAB Chair</i>	4:00 p.m.