

An initial draft framework for discussing facilitator scope of practice

## **Scope of Practice (SOP) for Oregon Psilocybin Facilitators**

**Core Facilitator SOP:** Oregon Psilocybin Facilitators are individuals licensed by the Oregon Health Authority (OHA) after graduating from a licensed Oregon Facilitator Training Program and successfully passing an OHA administered exam. Core facilitators are Oregon residents and may serve adults 21 years of age or older in a licensed Psilocybin Service Center. They agree to follow the Oregon Service Act rules as written. They provide psilocybin services including skilled guidance of psilocybin preparation, administration, and (offering) one integration session; administration and integration are facilitated using a non-directive approach. Facilitators need not but may be licensed in other practice areas. Core facilitators are to serve individuals who are determined to be medically and psychiatrically stable. \*

**Advanced SOP:** Individuals who hold additional competencies or licenses shall adhere to Core Facilitator SOP and the scope and best practices defined by their certifying and/or licensing bodies.

**Group Facilitator SOP:** Facilitators shall have the training, competency, and/or certificates showing experience working with groups (2 or more people) including skills related to identifying situations that might be destabilizing to an individual or the group and knowledge regarding de-escalation of potential reactions to keep the individual or group safe and effective during all phases of psilocybin services. Those providing facilitation for groups have experience using high-quality screenings that assess the appropriateness of the individual for the group, understand complex group dynamics, facilitate clarification of expectations, and assist in setting individual and group goals.

\*Identified via screening prior to or during a preparatory session. Areas that may put a person at risk for destabilization include advanced disease, persons with a terminal illness, persons receiving hospice or palliative care services, recent changes to medications, medications that require monitoring and adjustment, recent hospitalization, recent emergency room/urgent care service for chronic or acute conditions, significant recent or current suicidality, current active psychosis, current symptoms of mania, impaired decision-making capacity, psychiatric hospitalization within the past six months. Significant history of trauma or anyone without a stable support system could be considered at risk for destabilization.