

**Standards of Care/Best Practices for Oregon Psilocybin Facilitators**

\* This document pertains to situations where “macro-dosing”/perceivable dosages are used

- Adhere to ethical principles of beneficence, non-maleficence, respect for autonomy, and justice
- Adhere to all ethical guidelines outlined in Oregon’s Psilocybin Facilitator Code of Ethics
- Utilize a harm reduction/ “benefit maximization” approach
- Adhere to cultural equity, health equity, and reciprocity in providing all levels of psilocybin services
- Create an opportunity and safe setting for the client’s process of inner transformation (this includes engaging in best efforts to minimize environmental and facilitator influences on client’s process)
- Obtain fully informed consent from clients prior to the administration of psilocybin. The consent process should include full disclosure of all elements of psilocybin services that may impact client autonomy or outcomes, as well as an assessment of clients’ understanding of these elements:
  - That psilocybin produces a brain state that is hypersensitive to influence
  - That psilocybin impairs autonomous decision-making and dissolves boundaries between self, other, and world
  - That factors specific to the environment (e.g., “set & setting”) and facilitator (e.g., conduct, approach, beliefs) play a significant role in shaping the process of transformation, and potentially, client outcomes
  - That “role power differentials” in the facilitator-client relationship are heightened during a psilocybin experience (facilitators inhabit roles with atypical power and influence, clients inhabit role of atypical vulnerability). Role power differentials intersect with and amplify any pre-existing power inequities between client and facilitator.
  - That client expectations or physiological responses (i.e., anxiety) during psilocybin experience can contribute to “nocebo effects”.
- Empower clients’ decision-making by providing comprehensive and evidence-based information about risks, benefits, and limitations of psilocybin services (as applied to each client’s individualized needs/goals)
- Utilize Client Information Form and standardized screening tools to support informed consent and empowered decision-making (for purposes of inclusion and safe practice). The screening process should include consultation with third party sources, when appropriate, and with client permission
- Disclose information regarding all relevant training and experience (including experience working with specific client populations/presenting issues), as well as theoretical orientation/approaches used in provision of services, so that clients can adequately determine “goodness of fit.” This disclosure must take place prior to the provision of psilocybin services.
- Maintain client confidentiality (with an exception for disclosures of child/elder abuse or client intent to harm self or others)
- Maintain ongoing supervision, mentorship, and continuing education related to the evolving “field” of psilocybin facilitation
- Stay current on evolution of research outcomes and industry best practices as the field continues to develop
- Maintain ongoing personal practices of self-exploration, healing, expansion of consciousness, and examination of biases, power, and privilege

## Scope of Practice for Oregon Psilocybin Facilitators

- Facilitators will follow standards of care/best practices as outlined by the Oregon Health Authority (OHA)
- Must show high school diploma or equivalent education
- Must reside in the state of Oregon for 2 or more years (until January 1, 2025)
- Show proof of age, 21 years of age or older
- Complete an approved Psilocybin Facilitator education training program
- Successfully pass an OHA approved Psilocybin Facilitator examination
- Compliance with all mandates as required by OHA statute and rules

## Definitions

**Standard of Care:** the provision of services in a manner consistent with care, as another professional with similar training and experience faced with a similar care situation would provide.

**Scope of Practice:** the set of services that a licensed psilocybin facilitator is deemed competent to perform (as defined by state law).

**Cultural equity:** the embodiment of values, policies, and practices that ensure all people, especially those who have been historically marginalized based on race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances, are represented in the development of social pathways to health equity.

**Health equity:** the assuredness of access to full health and wellbeing for all people despite differences and disadvantages created by designations of race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

**Reciprocity:** the practice of giving back and sharing/caring for individuals, communities, and the Earth; honoring traditional uses of psilocybin and developing ways to give back to the communities who hold the wisdom traditions.

**Beneficence:** moral duty to act in best interest of the client

**Non-maleficence:** moral duty to do no harm & prevent harm from being caused by neglect

**Respect for Autonomy:** moral duty to honor each client's agency by giving them decision-making power (to the extent that they have capacity for decision-making)

**Justice:** moral duty to provide appropriate treatment according to what is owed ("giving to each that which is their due")

**Harm Reduction:** set of practices that aims to prevent or reduce negative health consequences or other harms to individuals and society

**Role Power Differential:** the power inequity that exists between two individuals when one person takes on a role that gives them authority (or the perception of authority) over the other person

**Nocebo Effect:** Reduced treatment outcomes due to anticipation of negative effects (i.e., this effect is common in healthcare and can occur when clients feel uncomfortable or uncertain with a facilitator, setting, or the effects of psilocybin)