

**PUBLIC HEALTH DIVISION
CENTER FOR HEALTH PROTECTION
Oregon Psilocybin Services**
<http://oregon.gov/psilocybin>



Change in Facilitator Training Program Curriculum Worksheet

Please use this form to submit material changes to a facilitator training program curriculum OR submit the changes online through the [Oregon Psilocybin Services \(OPS\) – Training Program, Licensing, and Compliance \(TLC\) system](#). You must submit a copy of the new curriculum with this worksheet for review. OPS must review and approve curriculum changes which may take several weeks. Thank you for your patience.

Submit this form and a copy of the new curriculum to:

Oregon Psilocybin Services (OPS)
Licensing.Psilocybin@odhsoha.oregon.gov

or mail to:

Oregon Health Authority – Public Health Division
RE: OPS Section
PO Box 14450
Portland, OR 97293-0450

Date: _____

Training Program Name: _____

Responsible Party for Training Program:

Last

First

M.I.

TLC Training Program ID (if known): _____

Please identify and describe the material changes to the training program curriculum: _____

	(d) History of systemic inequity, including systemic inequity in delivery of healthcare, mental health and behavioral health services;
	(e) Intergenerational trauma; and
	(f) Responsible Referral and Support
	(3) Safety, Ethics and Responsibilities: 12 hours.
	(a) Awareness of facilitator’s personal bias, including examination of facilitator’s motives;
	(b) Training on the Oregon Psilocybin Services Act and related laws, regulations, and professional standards for facilitators; including facilitator scope of practice and expectation of referral when scope of practice is exceeded.
	(c) Training in ethical issues related to psilocybin facilitation, including:
	(A) Oregon’s Facilitator Code of Ethics;
	(B) Ethical considerations relating to equity, privilege, bias and power;
	(C) Awareness of increased vulnerability associated with altered states of consciousness.
	(D) Appropriate use of touch and client consent to physical contact;
	(E) Appropriate emotional and sexual boundaries between facilitators and clients both during provision of psilocybin services and at other times, potential harm to clients and consequences for facilitators of breaching those boundaries;
	(F) Historical and contemporary abuse of power associated with psychedelics, including sexual, emotional and physical abuse, and implications for facilitators;
	(G) Financial conflicts of interest and duties to clients.
	(H) Reasonable expectations regarding client outcomes
	(d) Accurate record keeping and client confidentiality.
	(e) Awareness of new research related to safety and ethics of providing psilocybin services and resources for professional development following program completion.
	(f) Appropriate measures to mitigate risks associated with psilocybin services, including harm reduction, de-escalation, and conflict resolution.

	(4) Psilocybin Pharmacology, Neuroscience, and Clinical Research: 4 hours.
	(a) Pharmacodynamics and pharmacokinetics of psilocybin;
	(b) Drug and supplement interaction;
	(c) The metabolism of psilocybin and psilocybin products including concentration of psilocybin and psilocin in available psilocybin products.
	(d) The primary effects and mechanisms of action of psilocybin on the brain, including connectivity in the brain and activation of serotonin receptors; and
	(e) Key areas of psilocybin research.
	(f) Models of substance use, addiction, and recovery.
	(5) Core Facilitation Skills module shall include the following subjects and their application during preparation, administration, and integration sessions: 16 hours.
	(a) Client communication, empathy and rapport, including a nondirective facilitation approach, cultural attunement and a nonjudgmental disposition;
	(b) Response to psychological distress and creating a safe space for difficult emotional experiences;
	(c) Physical reactions and side effects of psilocybin;
	(d) Trauma informed care, including physiology of trauma, vicarious trauma, empathic stress and compassion fatigue;
	(e) Active monitoring of client-facilitator boundaries specifically boundaries related to consent and touch;
	(f) Identification and facilitation of a variety of subjective psilocybin experiences, including experiences relating to physiological sensations, cognitive, emotional and mystical states, and traumatic memories;
	(g) Appropriate modes of intervention, understanding when intervention is necessary, and when a client may need a higher level of care;
	(h) Recognizing and addressing adverse behavioral reactions and adverse medical reactions; and
	(i) Identification of the unique health, psychological and socio-cultural presented by persons with terminal illness; and awareness of the appropriate knowledge, skills and approach needed to provide

	safe facilitation to such persons in a manner consistent with client goals, values, heritage, and spiritual practices.
	(6) Preparation and Orientation: 16 hours.
	(a) Informed consent;
	(b) Client information form and intake interview, including discussion of client’s reasons for seeking psilocybin services;
	(c) Using the client information form to assist clients in identifying benefits of referral to specialized treatment services;
	(d) Facilitator role and the limits of facilitator’s scope of practice;
	(e) Trauma informed communication skills;
	(f) Identification of client safety concerns, including medical history, contra-indicated medication and psychological instability;
	(g) Appropriate strategies to discuss client safety concerns, including but not limited to identification of client’s support system;
	(h) Determination of whether a client should participate in an administration session;
	(i) Client directed safety planning to address identified safety concerns;
	(j) Boundaries between the facilitator and the client including use of touch;
	(k) Understanding of how racial and cultural dynamics affect interactions between client and facilitator; and
	(l) Historical and indigenous modalities of preparation.
	(7) Administration: 20 hours.
	(a) Dosing strategies and considerations, including:
	(A) Experiential differences relating to differing dosages;
	(B) Physiological considerations in relation to dosage;
	(C) Delivery mechanisms of psilocybin; and
	(D) Use of secondary doses.
	(b) Effectively working with challenging behaviors during an administration session, including:
	(A) Unexpected client disclosures;
	(B) Substance-induced psychosis; and
	(C) Suicidality
	(c) Traumatic stress and its manifestation during a psilocybin experience and appropriate facilitator response, including:
	(A) Trauma’s relationship to the body;

	(B) Repressed trauma emerging during a psilocybin experience;
	(C) Trauma and traumatic stress resulting from systemic oppression;
	(D) Safety for trauma resolution and risks associated with re-traumatization; and
	(E) Protocols for ensuring facilitator safety and responding to emergencies.
	(d) “Set and Setting” including environmental considerations for administration session such as lighting, sound and temperature; and
	(e) Completion of administration session.
	(8) Integration; 12 hours.
	(a) Identification of appropriate resources that may assist client with integration, including resources for:
	(A) Interpreting feelings and emotions experienced during administration session;
	(B) Facilitation of positive internal and external changes;
	(C) Enhancement of existing supportive relationship
	(b) Identification of client safety concerns;
	(c) Facilitator scope of practice; and
	(d) Discussion of appropriate intervals between administration sessions and related safety concerns.
	(9) Group Facilitation: 16 hours.
	(a) Skills required to facilitate psilocybin group sessions, including, but not limited to:
	(A) Assessing client’s compatibility with group format;
	(B) Set and setting for group facilitation;
	(C) Facilitating group communications and dynamics, including strategies for working with multiple facilitators;
	(D) Group agreements, including confidentiality and safety; and
	(E) Identifying when a client within a group requires individual support, removal from a group, or additional intervention.
	(b) Group Preparation Sessions;