

OPAB Training SC meeting notes
Compiled by Angela Carter
5/21/2021

In Attendance: ALL SC Members Present. Tom Eckert, Sarah Present, Rachel Knox, Angela Carter, Alissa Bazinet, Kim Golletz, Steph Barss

Discussion today focused on the components of prep sessions, facilitator scope of practice, Integration: what is it, who does it? Payment structure, Training module frameworks, training and Peer support for facilitators

Dr. Present brought up the point that although these will not be medical facilities, there could be many useful crossovers (posting licensure, fire codes, ADA bathroom statutes, etc.

Dr. Carter shared an initial screening process for psilocybin recipients. Will continue to work on the document <https://docs.google.com/document/d/1lwJTAVw8STyOtPR1PrbwGICzUlvjiDUA0oyZ4RZDKRA/edit?usp=sharing>

WE DISCUSSED THE COMPONENTS OF A PREP SESSION FOR PSILOCYBIN:

- Orientation to the experience
- informed consent
- Orientation to specific needs for the session
- medical screening
- mental health screening
- Intention setting for the experience
- Where is prep session taking place?
- how is the data being collected and stored?

Dr. Knox recommended the use of blockchain technology to decentralize the information collected by facilitators. Each person is the owner of their own information and may share it with providers with a consent form. This document further elucidates what blockchain is and how it works <https://www.healthit.gov/sites/default/files/11-74-ablockchainforhealthcare.pdf>
Recommended we do not use Metric

Potential use for a technology SC in the near future

Dr. Bazinet presented on Facilitator Scope and What is Integration?

Facilitator scope:

- Facilitator can screen out certain conditions deemed inappropriate for psilocybin use
- An in depth screening can then be done with the recipient if they have a more nuanced case with higher risk conditions
- Facilitator is non-directive, will not guide process
- Zendo Principles
 - difficult, not bad
 - Sitting not guiding
 - Talk through not down
- Boundaries: need to establish a professional code
- Consent always given
- Knowledge in the way experiences may show up for different identities
- Deeper dives into treatment only with trained therapists?
- Peer support model of care?

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- Touch and body work with consent and appropriate training

What is Integration:

- only one session required by the law
- Suggestion to make the session more action oriented towards long-term integration, making a plan, providing resources for further work.
- Further integration may be recommended as needed or requested
- Need to determine where the boundary is for facilitator making a handoff to a licensed therapist

Rebecca Martinez asked if approved schools could be in other states and still allow a trainee to get a license in Oregon> the consensus is yes.

Dr. Knox brought up the concept of Interception vs Integration. Is integration the wheelhouse of licensed facilitators, Licensed therapists, both? Who may supervise what conditions?

We briefly discussed payment structure and the need to spend time addressing this issue in a new SC

Dr. Carter suggested the possibility of a dual licensure for facilitators to become community health workers for the possibility of receiving payment from OHP for prep and integration sessions

Tom reviewed the Coalition's framework for training modules:
See framework document

Tom shared the Coalitions' definitions and flow of facilitator training and licensure

Discussion of facilitator training, need for facilitator mentorship. How will we provide mentorship and training to the first cohort? who can be certified as a trainer and a mentor? Suggestion of peer to peer support, group supervision.

To be discussed at the full meeting:

- Payment structures?
- Technology subcommittee?
- Subcommittee liaisons and cross communication of the work