

Education and Training Psilocybin Committee Working Document

Framework for Education and Training in Psilocybin-Assisted Mental Health Care

Purpose of This Document

This document provides a professional, collaborative framework to guide a committee in developing:

- **Part I: Education** – Educational standards and foundational knowledge related to psilocybin-assisted care.
- **Part II: Training** – Training pathways, competency development, and supervised practice models for therapists, death doulas, medical professionals, *Indigenous healers, pastors/clergy and spiritual care providers, and co-facilitators/paraprofessionals.

This framework is designed to:

- Align with New Mexico Department of Health (NMDOH) advisory board norms and public health standards.
- Support portability and reciprocity for qualified professionals trained in other jurisdictions.
- Provide sufficient structure for program approval, funding, and oversight while remaining adaptable as evidence and regulation evolve.

The intent is to support ethical, culturally responsive, trauma-informed, and evidence-informed approaches while respecting Indigenous knowledge systems, spiritual care traditions, professional scopes of practice, and evolving statutory and regulatory requirements.

Guiding Principles

All education and training developed under this framework should align with the following principles:

1. **Safety and Ethics** – Prioritizing physical, psychological, cultural, spiritual, and moral safety.

2. **Equity and Access** – Reducing barriers for historically marginalized communities.
3. **Cultural Humility and Respect** – Honoring Indigenous knowledge, sovereignty, lineage-based practices, and diverse spiritual traditions.
4. **Trauma-Informed Care** – Recognizing the prevalence of trauma and avoiding re-harm.
5. **Interdisciplinary Collaboration** – Valuing distinct clinical, spiritual, cultural, and community roles while fostering shared understanding.
6. **Evidence-Informed Practice** – Integrating research and data, lived experience, clinical wisdom, and pastoral/spiritual care frameworks.
7. **Scope of Practice Clarity** – Clear boundaries based on licensure, ordination, certification, and role.

PART I: EDUCATION

Part I Overview

Part I establishes shared foundational knowledge for all participants, regardless of professional background. Education is didactic in nature and does **not** authorize clinical, facilitation, or sacramental practice.

Target Audience

- Psychotherapists and mental health clinicians
- Indigenous healers and cultural practitioners
- Pastors, clergy, chaplains, and spiritual care providers
- Death doulas and end-of-life professionals
- Physicians and medical providers and professionals
- Paraprofessionals/co-facilitators
- Policy makers, administrators, and program staff (optional)
- First responders, EMTs, law enforcement, Firefights, etc.

Part I Learning Objectives

Participants completing Part I education should be able to:

- Describe the historical, cultural, spiritual, and contemporary use of psilocybin.
- Understand basic neurobiological and psychological mechanisms of action.
- Identify indications, contraindications, and risk factors.
- Explain ethical considerations, informed consent, and power dynamics.

- Recognize the role of set, setting, preparation, ritual, and integration.
- Understand legal and regulatory frameworks relevant to their jurisdiction and role.

Part I Core Educational Domains

1. History and Cultural Context

- Indigenous and ceremonial uses of psilocybin-containing mushrooms
- Spiritual, sacramental, and contemplative frameworks across cultures
- Impact of colonization, criminalization, and prohibition
- Contemporary medical, spiritual, and decriminalization movements
- Ethical issues related to cultural and spiritual appropriation

2. Neuroscience and Psychology

- Pharmacology and neurobiology of psilocybin
- Effects on perception, emotion, cognition, spirituality, and sense of self
- Therapeutic and meaning-making mechanisms (e.g., neuroplasticity, insight, existential processing)

3. Mental Health and Spiritual Care Applications

- Depression, anxiety, PTSD, end-of-life distress, addiction, trauma, moral injury, and existential suffering
- Current research evidence and limitations
- Interfaces between psychotherapy, spiritual counseling, cultural, and pastoral care

4. Safety, Screening, and Risk Mitigation

- Psychological and medical contraindications
- Medication interactions
- Adverse events and crisis response basics
- Referral pathways between clinical, medical, and spiritual care providers

5. Ethics, Consent, and Power Dynamics

- Informed consent models across clinical and non-clinical roles
- Dual relationships and boundary management
- Vulnerability during non-ordinary and spiritually significant states
- Consent for touch, preferences, within ethical boundaries

6. Legal and Regulatory Overview

- Federal vs. state law considerations
- Professional licensing, ordination, and institutional accountability implications
- Documentation and reporting requirements (as applicable)

Part I Educational Methods

- Lectures and seminars (live and asynchronous)
- Assigned readings and multimedia resources
- Case examples and facilitated discussion
- Panels including Indigenous, spiritual, community, and lived-experience voices
- Knowledge checks or reflective exercises (non-punitive)

Part I Documentation and Completion Standards

- Certificate of completion documenting hours and domains covered
- Attestation of participation and adherence to ethical standards
- Documentation suitable for regulatory review, funding compliance, or reciprocity evaluation

PART II: TRAINING

(Skills-Based Training, Competency Development, and Supervised Practice)

Part II Overview

Part II focuses on skills-based training and competency development. Participation in Part II requires completion of Part I (or approved equivalent) and adherence to role-specific eligibility criteria.

Training does not imply authorization beyond legal, professional, or spiritual scope of practice.

Part II Training Tracks

Training pathways should be tailored while maintaining shared core competencies. Tracks may overlap through interdisciplinary collaboration while maintaining scope-of-practice boundaries.

A. Psychotherapists and Mental Health Clinicians

- Licensed or license-eligible professionals (e.g., LPCC, LMFT, LCSW, Psychologist)

B. Indigenous Healers and Cultural Practitioners

- Recognized by their community, Nation, Pueblo, Tribe, or lineage
- Participation defined by self-determination, sovereignty, and protection of cultural knowledge

C. Pastors, Clergy, Chaplains, and Spiritual Care Providers

- Ordained, endorsed, or formally recognized by a faith tradition or spiritual community
- Practice limited to spiritual counseling, pastoral care, and religious or existential support
- Participation does not authorize medical or psychotherapeutic practice

D. Death Doulas and End-of-Life Professionals

- Certified, licensed, or community-recognized practitioners

E. Physicians and Medical Providers

- MD, DO, NP, PA, or equivalent

F. Co-Facilitators / Paraprofessionals

- Individuals supporting preparation, session support, and integration under defined supervision

Core Training Competencies (All Tracks)

1. Preparation Skills

- Establishing trust and alliance within role boundaries
- Psychoeducation and expectation setting
- Cultural, spiritual, and existential preparation considerations

2. Facilitation and Support

- Presence, non-directive support, and attunement
- Managing challenging psychological or spiritual experiences
- Somatic and grounding techniques

3. **Integration Support**

- Meaning-making and narrative processing
- Supporting values-based and behavioral change
- Referral and continuity of care across disciplines

4. **Ethics and Professional Conduct**

- Scope of practice boundaries
- Confidentiality and documentation
- Power, transference, countertransference, and spiritual authority

Role-Specific Training Elements

Psychotherapists

- Clinical assessment and treatment planning
- Trauma-sensitive interventions
- Integration within ongoing psychotherapy

Indigenous Healers

- Protection of ceremonial knowledge
- Community accountability structures
- Optional interfaces with Western systems

Pastors / Clergy / Chaplains

- Spiritual assessment and pastoral presence
- Supporting faith-based, existential, and moral meaning-making
- Navigating spiritual crisis, discernment, and integration
- Ethical boundaries between pastoral care and psychotherapy

Death Doulas

- Existential and spiritual distress support
- Family systems and caregiver inclusion
- End-of-life integration practices

Medical Providers

- Medical screening and clearance
- Monitoring physiological responses
- Coordination with mental health and spiritual care providers

Training Methods

- Experiential learning (non-drug-based unless legally authorized)
- Supervised practicum, mentorship, or apprenticeship models
- Case consultation and interdisciplinary learning groups
- Reflective practice, ethics review, and self-assessment
- Clear documentation of hours, competencies, and supervision

Reciprocity and Recognition of Prior Training

This framework supports reciprocity pathways for clinicians, medical providers, and spiritual care professionals with prior psychedelic-related education or training completed in other jurisdictions.

Documentation for Reciprocity Review (Umbrella of proof)

- Certificates of completion or transcripts
- Training syllabi or curriculum outlines
- Documentation of supervised practice or pastoral training (if applicable)
- Professional license, ordination, or endorsement verification
- Attestation of adherence to ethical and safety standards

Reciprocity does not supersede New Mexico licensure requirements, statutory authority, or scope-of-practice limitations.

Governance and Oversight

- Oversight by an advisory board, steering committee, or NMDOH-designated body
- Inclusion of Indigenous, clinical, medical, spiritual, and community representatives
- Transparent conflict-of-interest policies
- Regular review and updates based on emerging evidence, community feedback, and regulatory changes

This document is intended as a collaborative foundation and does not replace legal, medical, spiritual, or professional regulatory guidance.