Colorado Psilocybin Training Program Requirements - A Qualitative Analysis

Contents

I. Methodology

The Healing Advocacy Fund hosted three 90-minute discussion groups and thirteen 30-minute interviews with people who bring insight to inform training program considerations for regulated access to psilocybin mushrooms under Colorado's Natural Medicine Health Act (NMHA). A total of 24 people were interviewed between September 25 and October 12, 2023. Interviewees included Oregon and Colorado training program operators, graduates from Oregon training programs, Indigenous scholars, and legacy practitioners and trainers across a range of backgrounds.

This report compiles findings from those conversations, keeping identifying information of interviewees confidential to support open and honest feedback. The body of the report captures detailed recommendations in the hopes that access to such a granular analysis may spark ideas or raise considerations that may otherwise be overlooked. In the Key Findings section below, we attempt to distill core themes and recommendations.

The conversations were structured to consider factors relevant to the real-world settings in which state-regulated therapeutic access to psilocybin mushrooms will occur. Discussion group participants were sent a document summarizing requirements relevant to training under SB 23-290 (e.g., at least one facilitator tier must not require a separate professional license or degree), a summary of recent discussions in the Natural Medicine Advisor Board (NMAB) related to facilitator spheres and training, and draft proposals for training requirements submitted by members of the NMAB.

II. Key Findings

- Facilitator skill and competency are integral to participant safety, and training program requirements should reflect the depth of skill required.
- There is a general consensus that minimum training requirements should vary based on previous training and experience. This could mean two separate sets of requirements depending on whether someone is a licensed clinician or has extensive experience facilitating with psilocybin. Alternatively, it could mean allowing an accelerated training option for those with substantial training and experience.
    - Certain areas should be core requirements for everyone, such as ethics and knowledge of the law.
    - An accelerated training option would also support the availability of experienced, licensed facilitators to supervise newcomers to the field.
- There is broad consensus that significant personal experience with psilocybin mushrooms (ideally at varying doses with enough time in between for integration) is essential to this work.
- Almost all interviewees said the practicum hours should be substantially increased beyond Oregon's requirements. Additional ideas to increase experiential learning include:
    - Adding an Associate's license requiring some form of supervision for a number of sessions following completion of the practicum
    - Requiring ongoing consultation or regular check-in's with more experienced practitioners for a specified length of time post-training
    - Requiring participation in a facilitator peer support group
    - Developing robust continuing education requirements
    - See Section VIII of this report for more a more detailed list of options
- Direct experience with mushrooms should be supplemented with additional avenues for self-exploration and growth, possibly including somatic work, meditation, mindfulness and/or peer reflection. These modalities are not emphasized in the Oregon requirements, but many believe they are necessary to foster the self-awareness, presence, and nervous system capacity to safely hold space.
- Training programs should ideally include in-person learning in small groups with experienced teachers. At a minimum, there should be extensive opportunities for interactive learning (versus asynchronous) and structures built in that foster reflection and learning in relationship with others.
- Graduates of Oregon programs emphasized the need to spend more time directly developing the skills and capacities needed to do the work. This must go beyond learning information conceptually and should include extensive role playing and scenario work.
- The didactic hours on trauma and suicidality should be increased, and those areas should be set as standalone requirements (not nested as subcategories in other areas). Understanding and practicing touch, both safety and supportive, is also key and a potential set-aside.
    - Minimum of 5-6 hours on trauma, 5 hours on suicidality and 4 hours on touch recommended
- Substantially more time should be spent on ethics overall.
    - Recommended 20% of total didactic hours.
- More time should be spent on screening – not just memorizing a list of contraindications, but also practicing intake directly. Facilitators must develop the skills of empathetic listening and attuned awareness while setting clear boundaries, often in highly emotional contexts. Facilitators need to be able to say no to participants who are not a right fit and offer a referral where appropriate.

- Dosing is highly relevant to safety and should be emphasized in training.
- Initial reports from Oregon indicate that most clients seeking services have diagnoses and are on medication. This highlights the importance of screening, scope of practice, and referrals.
- Overall, it is important to note that although the most extreme and challenging situations may be rare, they do occur, and facilitators should be adequately prepared. Facilitators' capacity to respond could be the determining factor in the outcome for the participant.

III. Tensions and Tradeoffs

Careful construction of training requirements requires grappling with tradeoffs between lifting up minimum standards and supporting equity and access goals. The following list highlights some areas of tension identified in the interviews.

- There is tension between ensuring a strong foundation for those with limited experience while avoiding overly burdensome requirements for those with significant training and experience.
- Substantially increasing training hours creates an access issue. Cost is based on the length of the program, and there are no federal student loans available. This could limit diverse participation, with corresponding implications for participant outcomes. It could also disincentivize participation in the regulated model.
- However, some argue that a low bar for training programs should not be the solution to equity. There should be a focus on funneling resources into scholarships, sliding scale fees, and other mechanisms, rather than sacrificing the integrity of the foundational training.
- There is also a tension around compensation for highly trained professionals (e.g., licensed psychologists) sitting for 6–8-hour sessions pushing costs up. Some say it's not realistic for people with graduate degree level training to facilitate administration sessions. Yet conversely, interviewees underscore that this is serious work and requires a lot of skill. Setting training requirements (and pay) too low is a degradation of the skill required, the power of these sessions, and the nuance involved.
- There is concern about a potential "race to the bottom," where training programs and healing centers cut corners to reduce costs, sacrificing facilitator and participant safety along the way.
- The "intangibles" – e.g., compassionate presence, self-awareness – are hard to regulate but may be essential to safety in the psychedelic experience. It's important to consider how they can be fostered in the training programs (including diverse modalities like role playing, meditation and mindfulness, integrating traditional knowledge and teachers, and extensive experiential learning).
- On the flip side, some argue that research is still preliminary, and we do not have enough data to say what training approaches lead to positive outcomes. The lack of clear data seems to suggest creating a more flexible model to allow for various approaches.
- Even with strong protocols for screening and referral, there is upward pressure on foundational training due to the possibility of repressed trauma surfacing unexpectedly during the psychedelic experience.
- Finally, interviewees noted the importance of considering larger structural issues inherent in seeking to unfold powerful medicines with legacies into structures that are deeply unjust, inequitable, and flawed. There is the potential to recreate systems of oppression.

IV. Thematic Analysis

The following themes emerged during the interviews. Their placement on the list roughly reflects their prevalence in the conversations, but placement is not exact, and this list should not be interpreted as a ranking.

1. Importance of personal experience with the medicine
    - Ideally, everyone should experience psilocybin mushrooms directly in varying doses. If this is not possible in certain cases, programs should substitute breathwork, nature immersion, and other modalities (which are also complementary to personal experience with mushrooms)

"If you're scared to go into your own anger, will you be willing to go there with a client?"

"There's no substitute for knowing what it's like to be that vulnerable."

"People who haven't experienced a lot of the inner landscape don't know how dark it can sometimes be, or how euphoric for the client."

"No one should be serving someone a dose they haven't done before."

"How do you prepare someone and how do you hold space if you don't know what it's like to die and be reborn?"

2. Importance of extensive experience sitting with others with the medicine as part of training

"Training programs need to see you interacting with other people – that's the only filter to see who really shouldn't be doing this. One out of every 10 or 20 really shouldn't be doing this work."

"I've done experientials where it becomes clear that people have really severe trauma, they can't hold space. Are they even capable of doing journey work themselves and not blowing out? Are they capable of having proper boundaries?"

"It's valuable to do both group sessions and one-on-one."

3. Importance of ethics, including elements specific to working with psilocybin mushrooms:
    - Understanding the potential for psilocybin experiences to inflate ego, especially without proper integration. Training can also be an opportunity to identify who might seek to use facilitation for egotistical games and power.
    - Transference and countertransference – How it comes up specifically in psilocybin work. (e.g., father transference, teacher transference) and how to deal with it.
    - Structural analysis and culturally responsive care
        - Understanding and identifying vulnerabilities of both participant and facilitator
    - Understanding macro ethics of what it means to be operating in a program like this that is semi-medical (e.g., power dynamics in therapist-patient dynamic when applied to the psychedelic experience)
    - Some believe ethics should be about 20% of total training hours – esp. for people without a mental health background
4. Developing the capacity for presence, space holding, and self-regulatory skills
    - Attention to shared energy and resonance in the medicine space and how to navigate

"The key elements are being able to stay present in extremely difficult experiences. Keeping your nervous system regulated when someone in the room is having a really hard time. Being able to do that over and over, as opposed to on occasion. Psychological resilience."

"Being attentive for an hour is one thing, six to eight hours is something else. Being able to stay present is what creates safety."

"In altered states, people are very sensitive. Their ability to let go is directly related to their sense of safety."

"Love and compassion are what deeply resonate."

5. Importance of self-reflection, self-awareness, personal development, and growth on the part of the facilitator
    - Awareness of what the facilitator brings and how that can affect participants
    - Self-care

"This work requires a lot of emotional agility and maturing. You can do some serious damage without being aware of it."

"It's important to ask, 'why are people getting into this work? What is being fed?'"

"How do you recover from and take care of yourself after the journey experience? How do you do that within a ten-hour day?"

6. More focus on contemplative and mindfulness practice, somatic work, and embodiment skill-building.
    - Getting out of just the cognitive space
    - This is often framed as important to developing ones' capacity for compassionate presence and supporting greater self-awareness, growth, and reflection
    - Transpersonal awareness as a core competency of a facilitator

"Love is an essential ingredient for training facilitators. In deeply altered states, that's what really works. And love can be taught."

7. Importance of relationality and continuing education
    - Continuous learning / ongoing supervision (apprenticeship, consultation, peer support, communities of practice)
    - A certain amount of in-person instruction is necessary in training. This work is relational.
    - Including small learning groups is important; allows for sharing, reflection, and support.
    - Asynchronous learning should be limited, because the opportunity to ask questions and interact directly with skilled, experienced facilitators is integral to learning and internalizing (versus simply memorizing information)
    - Students should understand that this training is still foundational, and programs should set them up to continue learning as they become facilitators. There's a need to normalize that they will stumble along the way.

"Getting a certificate of completion indicates you're a beginner at this work. Mentorship and supervision should continue for a long time."

"It's the relational field or rapport between facilitator and participant that really creates the safety."

"Instead of coming at it from 'what's the worst thing that could go wrong?' begin with 'what does psilocybin actually do? The medicine is a connector. How do we come at it from the medicine as a starting point?'"

"How do you develop rapport quickly? It's not a protocol. It's a temperament, it's an approach, it's a system of belief."

8. The importance of being able to set clear boundaries while working with people who often don't have solid boundaries

"In client intake, how to be empathetic while setting boundaries."

9. Grounding (historical and contemporary) in traditional practice
10. Balancing scientific and traditional ways of knowing and practicing
    - The art and science of facilitation (i.e., studying pharmacology and the way the medicine works in the brain, but also the art of how we do the work, including the energy component)
11. General support among interviewees for the sphered approach to facilitation, as it provides additional information to prospective participants and structural components to support effective screening and referral
    - Emphasis on training facilitators to understand scope of practice
    - Intuitive element of screening, which connects to the importance of experience

"I see how desperate people with mental health problems are. [In Oregon] unless they self-select and find someone with a mental health background, they're going to wind up with someone undertrained"

"One man in his 20s went into a full-blown manic episode. The [retreat] program I was working with said they had screened them, but I saw red flags. The whole screening had happened online, filling out a questionnaire. It's important to speak with the participant directly. You can't just trust what people tell you. It requires good attunement, intuition, and clinical skills."

"If we have a complex case (which is most of them, and basically means that someone has a diagnosis and is on meds), is there someone to run this by? How do we proceed? – That's what's coming up for facilitators [in Oregon.]"

"Our program includes a screen for borderline personality disorder, to protect practitioners as much as patients."

12. Role-play as an important tool in teaching and learning – and in preparation
    - E.g., complete an exercise in training to get a sense of what it feels like to give an embodied "no"
    - Skills practice of giving and receiving feedback
    - What to do in adverse events - someone trying to leave, violence, etc.

"They should be prepping facilitators for what they're actually going to be doing, for example with role play. If a client says "xyz", how do you proceed?"

13. Trusting the process and the inner healing capacity of participants

"I had to overcome the arrogance of a psychiatrist of thinking I had the answers for people. The inner healing capacity is there; I had to trust it, had to trust the process."

"An important part of training is helping people understand that this is a tool to support us to turn towards our suffering, go towards resilience, expand our capacity to hold what we encounter."

"I think of a person as a whole ecosystem; trauma becomes a part of that ecosystem. Going in with the paradigm that a person is broken or traumatized is problematic."

"There's a tendency for [facilitators] to believe that they are the ones doing the work. There can be a fair bit of ego involved. That's not a good thing to bring into this work."

14. Importance of general philosophical approach that we are all learning this together. There is no one right way.

"It's a red flag if someone believes they have all the answers."

15. Importance of managing participant expectations.
    - Challenges created by hype around mushrooms; potential for heightened risk if vulnerable or desperate participants with limited information and extremely high expectations match with undertrained or inexperienced facilitators.
    - Many prospective participants begin with very limited information and don't know what questions to ask.
16. Core responsibility of training programs to vet potential trainees.

"We do full clinical assessments before we accept anyone in our training program, even though it's not a clinical setting. A certain proportion of people that apply to our program should be nowhere near psychedelics because of their own mental health."

17. Importance of regarding this work with the depth and seriousness it deserves
    - The possibility of how intense and challenging it can be, recognizing that is not the norm but it is always a possibility

"This is soul level work. These can be the most meaningful experiences of their lives. How do we level up the profession and say 'we're a real profession, not everyone can do this.'"

"I think it says a lot about the way that some people are going to perceive this work is how much they have to put into it time wise. It's [the Oregon requirements] not equal to the depth of the work."

"[An extremely challenging situation] doesn't always come up, but when it does, the facilitator's skill is the difference between a really traumatic experience and that experience being transmuted into the most transformative, profound experience they've ever had."

V. Recommendations Regarding Overall Training Hours (Didactic and Practicum)

Most interviewees felt there was not enough time in the didactic portion of the Oregon requirements to go deep on any particular thing. The amount of time they spent in any one area was pretty minimal overall, and it felt like lots of pieces crammed into a tight timeline. However, others felt that the didactic hours were sufficient for foundational training and that adding experiential hours should be the priority.

There was overall consensus that the practicum hours (or the experiential component, perhaps structured in a different way or with supplements to the practicum) should be substantially increased.

VI. Recommendations for Additional Curriculum Hours (Relative to Oregon)

1. Trauma
    - 5-6 hours recommended as a minimum
    - Recognizing when someone may be dissociating or going into a trauma response
    - Non-verbal and verbal de-escalation techniques
    - Somatic based trauma work, understanding sympathetic and parasympathetic nervous system, identifying fight or flight response, helping people regulate when they're in a traumatic stress response
    - Facilitators reported having to draw on these skills from their training in challenging situations.

"I had a man totally superimpose his fear of witches on me, he thought I was a witch casting an evil spell. I dug deep into my trauma training and pulled out the skills I've learned."

"95% of the serious issues that come up [in an administration session] are related to trauma."

"Disassociation can show up as a non-responder. Someone with a trauma history might be flooded with opioids and not responding to the psilocybin, and the facilitator might decide to give them more. Especially if the trauma is pre-verbal, the mind can try to put meaning to it, and it can turn into psychosis, paranoia, or the belief that the facilitator is seeking to harm them."

2. Training for crisis intervention and understanding the possibility of crisis situation developing
    - Scenario training
    - Specialized training in how to restrain someone if needed for safety
    - Options for when someone adamantly wants to leave the space (e.g., changing music, lighting, having an alternative room or space available for a change of environment)

"Everyone needs to know how to restrain someone. What are the legal ramifications of restraining someone? Are we protected if we're restraining?'

3. Touch – safety touch and supportive touch. This could be 4-6 hours by itself.
    - Role playing conversation with participants around touch in preparation and during an administration session. Role playing safety touch. Learning scripts for certain scenarios to protect facilitator and participant safety while seeking to address participant needs.
4. Suicidality
    - 5-10 hours could be spent on just this subject. 5 hours recommended as a minimum.
5. Training specific to palliative care and understanding the potential heightened physiological fragility of palliative care patients
6. Screening, scope of practice, and referrals, including when to refer a participant out because the facilitator might not be able to handle them in a crisis situation
    - Understanding and discussing contraindications and possible medical interactions
    - Screening is complex and nuanced. Participants will not always share their health history; there may be red flags that require training and experience to identify.

"The reality is, clients are seeing the headlines and they are coming for depression and anxiety. They're on a lot of meds. I would love more education on medication."

"There were discussions on the list of contraindications, but I would have loved training and practice in how to actually have these conversations with clients – prepping more for what that looks like, because people are desperate, they are emotional. None of that was in the program."

7. More guidance from the state on dosing and dosage
8. Training on ethical advertising and managing participant expectations
9. More robust training specific to facilitating with groups
10. Additional training on the use of music in sessions – given the potential to influence the participant experience
11. Practice navigating the rules, once published (it may not be feasible for facilitators to memorize all the rules, but they should be comfortable with them and know how to navigate them).
    - There will be certain rules essential to the ethical and legal practice of facilitation that should be memorized.

VII. Recommendations for Reduced Curriculum Hours (Relative to Oregon)

1. Some felt the pharmacology piece was overbuilt and not necessarily integral in order to facilitate well. Some people really want to dive deep in the science, but it depends on the individual. Overall, the amount of material specified in the Oregon rules is more than you can do well in 4 hours, so it makes sense to either up the hours or cut down the requirements, so it matches the time allotment better. In general, the emphasis should be on practical pharmacology, e.g., contraindications, metabolism.
2. Some felt that for licensed mental health providers, some of the training around health systems and health equity could be reduced because it may be repetitive from their studies (e.g., LCSW likely has extensive education in topics covered in Oregon's cultural equity module).
3. Some suggested the more abstract/theoretical pieces in general could be reduced (e.g., science, philosophy and history may be overemphasized relative to time spent directly developing the skills and knowledge needed to safely do the work.) One interviewee clarified this was not referencing indigenous histories being over-emphasized, but rather ancient history and records of early humans.

"There was a lot of history, science. I don't think there was enough focus on the actual client experience."

VIII. Programmatic and Structural Ideas (Beyond Curriculum) to Support Training

This section seeks to capture the range of different ideas that emerged that might help the program to better support learning outcomes. The ideas are organized into categories based on what thematic element they address.

Supporting Relational Learning and Self-Reflection within Didactic Training

1. Require some percentage of didactic training to be in person.
2. Increase the minimum number of synchronous hours required.
3. Require some interactive element between participants (e.g., process groups) to dive into self-reflection and intention and to unpack what is coming up.

Expanding and Deepening Experiential Learning

1. Include some kind of Associate's license following completion of practicum (e.g., first 10 people you work with, you must have supervision available on-site to call if needed. These sessions could be offered at a lower price to complement equity goals.)
    - Maybe have a lower limit on dosage while someone is practicing with an Associate's license
2. Allow hours volunteering with Zendo Project or similar to count towards practicum requirement (trainee may be more likely to witness or respond to an adverse event in this context)

Continuing Education and Oversight Post-Practicum

1. Require ongoing participation in peer support groups to encourage ongoing accountability and exchange of knowledge and skills.
2. Require continuing education (e.g., 20 hours per year) and provide credits for being part of a facilitator peer support group
3. Require that all Licensed Wellness Facilitators have someone with a mental health background they can consult with when challenges inevitably arise for them personally
    - Possibly a database, resource, or tool for when things come up
    - Monthly group supervision call to check in on issues

Ideas for Training Program Structure and Vetting

1. Set a higher bar for who can start a training program (what level of experience they must demonstrate)
2. Require interviews and/or additional vetting as part of the application process for acceptance into training programs to build in the relational element from the beginning and identify red flags
3. As an alternative to requiring a set number of hours in each area in the training curriculum, require a total number of didactic and practicum hours, along with a list of core competencies. Training program design must then demonstrate a plan for how to develop those competencies.

Broad Programmatic Ideas

1. Allow for accelerator training program options (designed and approved for Indigenous and legacy facilitators and/or licensed mental health providers)
    - One argument for including this option is to incentivize skilled facilitators to participate in the licensed model who can then supervise and mentor newcomers to the field. Otherwise, there may be a bottleneck in completing practicum requirements, as currently seen in efforts to scale up training for MDMA therapists nationally.

"I'm worried that I'll have to take a $15,000 training and it's going to be repetitive stuff. I've already spent multiple thousands of dollars"

2. Establish different sets of training requirements depending on trainee background (as opposed to one unified training model)
    - Experience is important, and licensed mental health professionals generally have a certain number of hours of experience that could be recognized in setting up the requirements
    - Some said it would be overly burdensome to go beyond the Oregon requirements for licensed clinicians

"I think one size fits all is actually pretty dangerous"

3. Create some kind of practicum placement consortium for placement at licensed healing centers
    - This is a logistical fix targeted at training program challenges listed in the next section
4. Possibly include requirements that healing centers have medical supervision (e.g., medical director associated with a service center or facilitator to inform their screening process)
    - Important to consider the impact on cost

"For the whole population coming to seek services, there's no way that the general medical community will be informed, educated and comfortable to do screenings for psychedelic services. The idea of sending somebody to their regular primary care doctor to do an assessment and give clearance is a bit of magical thinking right now. This will mean there will be people who could access services who won't be able to – they'll get turned away. Some people will slip through cracks because the facilitator didn't know enough."

5. Encourage provisions for review of training requirements based on data/outcomes so we can adapt rules as needed based on gaps that emerge.
    - Oregon training programs will be soliciting feedback once graduates are licensed and working – asking "what would you like to see more/less of in the training?"
6. Establish a facilitator-led reporting body that facilitator complaints can get funneled into, investigate on a case-by-case basis, because the issues that come up are complex. There's a lot of potential for projection, and sometimes it comes down to mismatched expectations.
7. Establish clear criteria for what are grounds for removal of licensure or suspension. Missteps are going to happen; do facilitators get a do-over depending on the incident?
8. Establish a statewide facilitator directory with information about background and training of facilitators, so participants can make informed choices.

IX. Training Program Logistical and Cost Considerations

The following were comments specifically made by Oregon training programs highlighting logistical barriers or challenges they encountered in the Oregon model.

- Requiring a large number of synchronous hours is limiting and inflates costs.
- There is a lot of material required in the curriculum that doesn't feel relevant to dosing people effectively; a lot of it is abstract.
- There is a lot of overlap across the different modules in Oregon.
- Requiring a certain number of hours in specific areas is incredibly restraining. Doesn't allow programs to be adaptable to what students really need.
    - Would prefer an overall number of training hours and a list of core competencies / learning objectives (What do you want people to walk away with? Measurable outcomes)
- In Oregon, the logistics of setting up the practicum are beyond the capacity of some training programs to facilitate. Training programs need to sign an MOU with each service center and they're all completely different. There is no central place to apply for a practicum.
- In Oregon there is a high administrative burden in getting approval from HECC (500 pages of documentation submitted and costs thousands of dollars. HECC only accepts paper submissions and has no online portals)

- Seeking to accelerate individuals based on previous training creates logistical problems. Training programs have limited capacity to collect and read through transcripts or vet someone's background.

X. Conclusions

This analysis compiled findings from interviews with 24 individuals that have insight into training considerations for state-regulated access to psilocybin therapies. The findings are presented as ideas for consideration and merit further discussion. They are not intended to be prescriptive, and not all suggestions may prove actionable within the constraints of a state regulatory framework. The central themes that emerge – in particular, the importance of building out the ethics and safety components, deepening direct experience, and supplementing content with direct skill-building exercises – can inform refinement of the minimum training program requirements in Colorado and beyond.