Clinical Roles

Adopted: XX-XX-XXXX

Certifying Clinician

- **Definition:** A licensed clinician acting within their scope of practice who has diagnostic authority.
- **Responsibilities:**
    - Identify potential candidates based on qualifying conditions
    - Provide certification for entry into the program
    - Share relevant diagnostic and clinical history with participant consent and in accordance with applicable privacy laws
- **Limitations**
    - Certification does not constitute clinical clearance
    - Not responsible for determining medical appropriateness, dosing, safety planning, or administration decisions
- **Recommendation to Education & Training:**
    - Establish minimum education, continuing education, and licensure requirements
    - Define required competencies.

Practitioner (Psychedelic Therapist)

- **Definition:** The primary clinical decision-maker responsible for determining participant eligibility and safety for psilocybin services. The Psychedelic Therapist serves as the central clinical gatekeeper, ensuring participant safety through assessment, risk stratification, and ongoing clinical oversight. If a patient is not sufficiently medically or psychologically stable for services, the Psychedelic Therapist refers them to an appropriate treatment provider. The Psychedelic Therapist must be available for consultation during preparation and after administration. May serve as integration provider or may refer to primary therapist.
- **Scope:**
    - Conduct comprehensive biopsychosocial assessment
    - Review medical, psychiatric, and substance use history
    - Identify contraindications and medication interactions

    - Evaluate risk for adverse psychological or physiological response, and optimize Certifying Clinician's safety plan
    - Determine medical appropriateness for psilocybin treatment
- **Responsibilities:**
    - Evaluate clinical appropriateness for psilocybin use (including but not limited to medication interactions, medical & mental health history, and current functioning); if the patient is not appropriate, refer them to a primary care provider or other appropriate treatment avenue
    - Use trauma informed and culturally competent communication throughout the screening and treatment process.
    - Assign a Clinical Support Tier
    - Establish dosing parameters or considerations
    - Approve or defer participation based on safety
- **Limitations:**
    - Does not provide facilitation unless separately credentialed
    - Does not conduct preparation or integration unless dual trained
- **Recommendation to Education & Training:**
    - Establish minimum education and licensure requirements
    - Define required competencies in assessment, contraindication review, interventions, medication interaction screening, risk stratification, and harm reduction.

Guide

- **Definition:** an individual who has completed training and education approved by the department to be able to assist practitioners during the administration sessions and who has been registered with the department.
- **Responsibilities:**
    - Conduct preparation sessions
    - Obtain informed consent
    - Support participant during administration session
    - Monitor psychological and physical safety during sessions
    - Escalate medical or psychological concerns to the Practitioner
    - Administer psilocybin in accordance with approved protocols and practitioner direction
    - Document sessions activities
- **Limitations**

    - Does not determine medical appropriateness independently
    - Does not override contraindications or safety restrictions
- **Recommendation to Education & Training:**
    - Establish minimum education, continuing education, and licensure requirements
    - Define required competencies.

Psilocybin Preparation

Adopted XX-XX-XXXX

Preparation

Consistent with the Medical Psilocybin Act, a qualified patient must be determined to be medically appropriate for treatment by a Determining Clinician.

Facilitators operate within their defined scope and do not replace Determining Clinician responsibilities related to clinical appropriateness, dosing, or medical safety planning

Preparation Sessions

Participants shall initially complete at least two preparation sessions totaling no less than two hours prior to administration (initially, this limit may be reduced if repeating dosing) with each session lasting at least one hour and occurring no less than 24 hours and no more than 60 days before administration. Where feasible 1 hour of preparation shall be in person. Preparation shall be conducted by the facilitator present during administration, may occur via telehealth when clinically appropriate, and shall be documented in the participant record.

Participant & Facilitator informed consent shall be obtained.

Preparation shall also establish clear boundaries, including participant/facilitator preferences regarding physical touch, consent processes, and disclosure of any additional persons or recording during the session.

Written disclosures shall include facilitator identity, permit number, qualifications, any ceremonial components, and the rights of both the participant and facilitator to terminate services. If necessary additional preparation may be required.

Preparation shall include orientation to the treatment process, including the role and scope of the facilitator and expectations before, during, and after administration, and shall include development of an integration plan. Participants shall discuss goals, intentions, and expectations, and preparation shall address set and setting factors, including psychological readiness, environmental conditions, privacy, accommodations, and safety.

A safety and support plan shall be developed and shall include emergency procedures, facility safety protocols, access to emergency medical services, and post-session transportation arrangements. Participants shall not operate a motor vehicle for at least 24 hours following administration.

For group administration, at least one individual preparation session is recommended; however, a pt may decline if they opt out. At least two (2) hours of group preparation shall occur in the group setting, this may be counted as part of the total preparation hours. Participants shall be informed of group size, facilitator-to-participant ratio, interaction expectations, confidentiality, and physical contact considerations.

All preparation activities shall be documented in the participant record, including session details, informed consent, clinical screening results, Clinical Support Tier placement, safety planning, and confirmation of eligibility. Preparation shall occur sufficiently proximate to administration to remain clinically relevant and shall not be conducted in a rushed or purely procedural manner.

- Group requirements
    - Group confidentiality
    - Group agreement