# Proposed Adjunct Training in End-of-Life Psychedelic Care

# Threefold Purpose

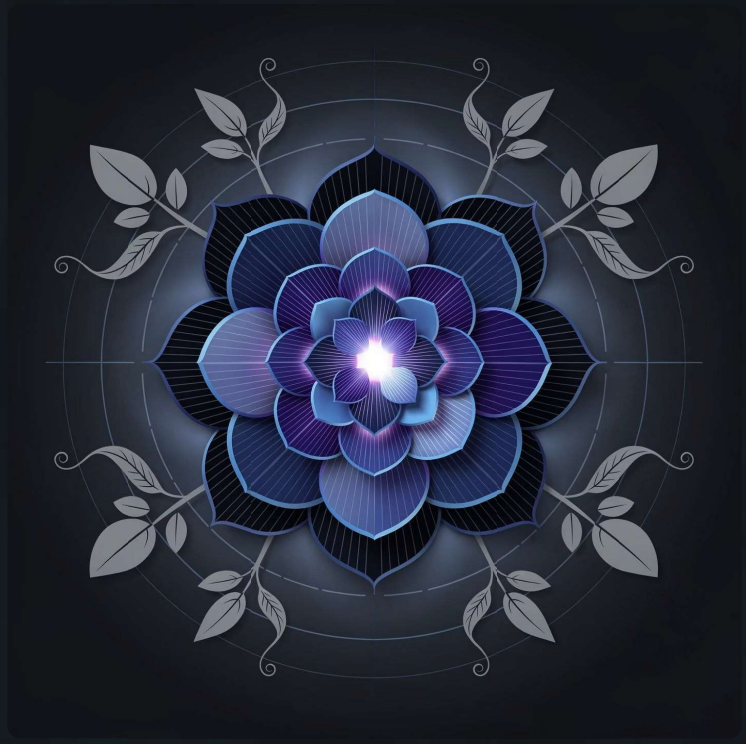
1. Provides flexibility on how a training organization delivers on the competencies and module topics and skills.

2. Sets up framework from which to conduct an adequate assessment.

3. Ensures all competencies are tested for at final exam

# The central competency for the EoL psychedelic care worker:

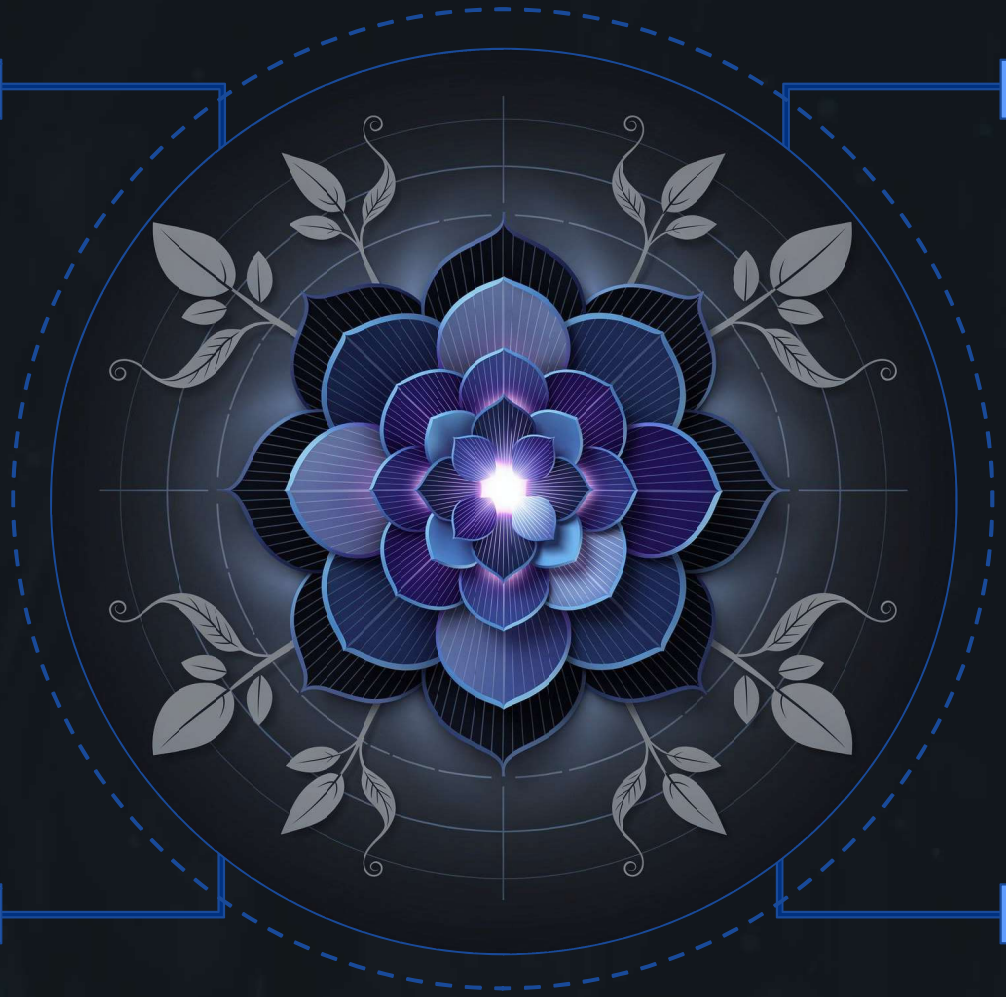
*The ability to self-reflect and to possess a deep understanding of one's own relationship with  death, grief, and spirituality.*



This anchors all eight surrounding practice domains.

It is foundation of effective end-of-life psilocybin care.

# Core Competencies for End-of-Life Psilocybin Clinicians: 1–4



Understanding the Client Mindset in Serious Illness and End-of-Life Care

Medical Complexity and Safety Considerations for Psilocybin and Ketamine in End-of-Life Care

Spiritual Assessment and Meaning-Making

Grief, Loss, and Bereavement

# Core Competencies for End-of-Life Psilocybin Clinicians: 5–8

Family Engagement and Relational Systems

Adapting Facilitation for Serious Illness and End-of-Life Contexts

Ethics, Culture, Equity, and Informed Consent in End-of-Life Psilocybin Care

Interdisciplinary Collaboration, Self-Awareness, and Sustainable Practice

# Proposed Session

A structured curriculum building clinical readiness from the ground up — existential, medical, spiritual, and relational.

| Session | Duration | Content |
|---|---|---|
| Session 1 | 2.0 hrs | **Understanding the Client Mindset in Serious Illness and End-of-Life Care**<br><br>Explores how serious illness, mortality awareness, fear, identity shifts, anticipatory grief, and existential distress shape the client experience and influence psychedelic care.<br><br>Learning objectives:<br>(1) Identify common physical, psychological, existential, and spiritual concerns experienced by individuals facing serious illness and end-of-life challenges.<br><br>(2) Apply an understanding of client mindset to support attuned, person-centered psychedelic care. |
| Sessions 2-3 | 3.0 hrs | **Medical Complexity and Safety Considerations**<br><br>Examines symptom burden, frailty, medication considerations, contraindications, and the need for interdisciplinary consultation.<br>Recommended faculty:<br>*Session 2 — board-certified pharmacist;*<br>*Session 3 — palliative care physician trained in psychedelic-assisted therapy. Learning objectives*<br>(1) Identify common medical and pharmacological considerations that may influence psilocybin services in serious illness populations.<br>(2) Recognize circumstances requiring consultation, referral, or additional risk assessment. |
| Session 4 | 2.0 hrs | **Spiritual Assessment and Meaning-Making**<br><br>Introduces spiritual assessment and explores approaches for supporting individuals navigating questions of meaning, purpose, suffering, forgiveness, transcendence, and mortality.<br>Learning objectives:<br>(1) Conduct a basic spiritual assessment appropriate for psychedelic end-of-life care.<br>(2) Support meaning-making while honoring diverse spiritual, religious, and cultural perspectives. |
| Session 5 | 2.0 hrs | **Grief, Loss, and Bereavement**<br><br>Explores anticipatory grief, cumulative loss, caregiver grief, and bereavement, and the ways psychedelic experiences may intersect with grief processes.<br>Learning objectives:<br>(1) Distinguish grief-related experiences from depression, trauma, and existential distress.<br>(2) Apply grief-informed principles when supporting individuals and families affected by serious illness and loss. |

# Proposed Session Continued

Advanced modules address facilitation adaptations, ethics, cultural equity, and sustainable interdisciplinary practice.

| Session | Duration | Content |
|---|---|---|
| Session 6 | 1.5 hrs | **Family and Extended Community Engagement and Relational Systems**<br>Examines family systems, caregiver burden, communication challenges, conflict, and strategies for engaging family members while maintaining client autonomy.<br>Addresses building support networks including family, friends, community, and professional caregivers. In New Mexico, includes attention to cultural and kinship structures beyond the nuclear family.<br>Learning objectives:<br>(1) Co-create a support network that includes family, loved ones, extended community, and professional caregivers where appropriate.<br>(2) Recognize family dynamics and apply strategies for engaging family members while maintaining boundaries and client-centered decision-making. |
| Session 7 | 3.0 hrs hybrid | **Adapting Facilitation for Serious Illness and End-of-Life Contexts**<br>Explores adaptations to preparation, pacing, setting, integration, and support structures for individuals experiencing serious illness, declining health, or changing capacity.<br>Format: 2-hour live interactive session + offline review of preparation, journey, integration, and home-safety checklist + 1-hour live follow-up session.<br>Learning objectives:<br>(1) Identify ways to adapt facilitation practices for individuals facing physical, cognitive, emotional, or spiritual challenges related to serious illness.<br>(2) Apply strategies that enhance safety, accessibility, and responsiveness throughout the psilocybin care process. |
| Session 8 | 1.5 hrs | **Ethics, Culture, Equity, and Informed Consent in End-of-Life Psilocybin Care**<br>Explores heightened ethical responsibilities, power dynamics, informed consent, cultural considerations, and equitable access to care in the context of serious illness and end-of-life vulnerability.<br>Learning objectives:<br>(1) Identify ethical issues unique to psychedelic care involving serious illness and end-of-life concerns, including potential for existential/spiritual harm.<br>(2) Apply ethical, cultural, and informed consent considerations to end-of-life psychedelic care. |
| Session 9 | 2.0 hrs | **Interdisciplinary Collaboration, Self-Awareness, and Sustainable Practice**<br>Explores interdisciplinary models of care and the distinct roles of healthcare professionals, therapists, chaplains, facilitators, and end-of-life doulas. Examines countertransference, grief, burnout, compassion fatigue, moral distress, and the emotional impact of accompanying individuals facing serious illness and death.<br>Learning objectives:<br>(1) Describe the roles of interdisciplinary team members in serious illness and end-of-life care and identify opportunities for effective collaboration.<br>(2) Recognize how countertransference, grief, burnout, compassion fatigue, and moral distress may influence judgment and therapeutic presence, and apply reflective practices that support ethical and sustainable care. |

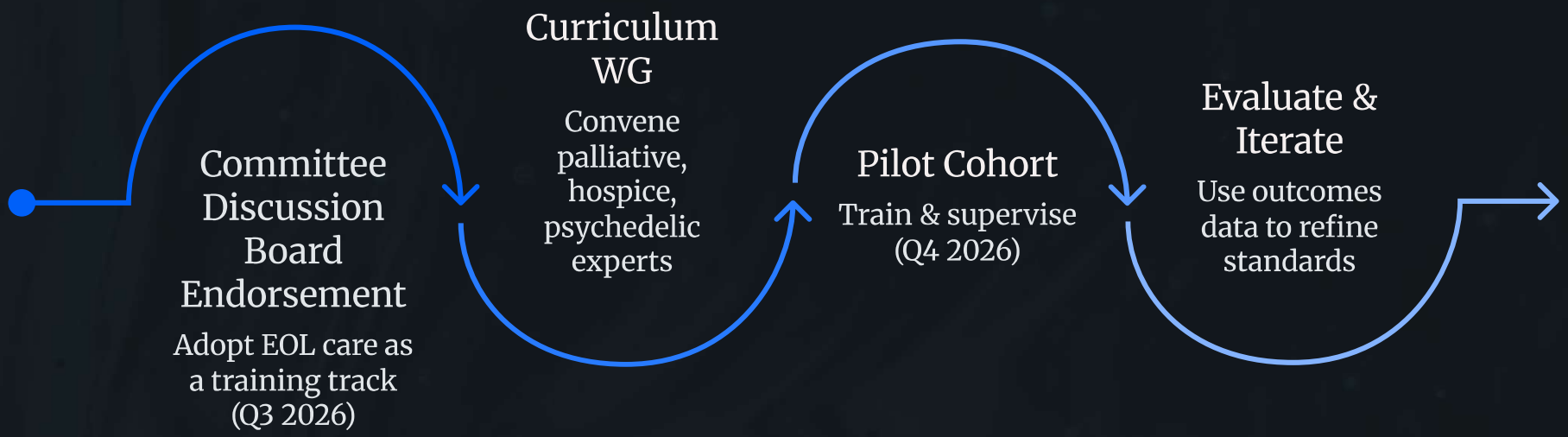
# Competency / Session / Assessment Matrix

A structured overview of sessions, faculty profiles, learning focus areas, and suggested assessments across the full curriculum.

| Session | Competency Domain | Hrs | Example Faculty Profile | Primary Learning Focus | Suggested Assessment |
|---|---|---|---|---|---|
| 1 | Client mindset in serious illness and EOL | 2.0 | Psychotherapist, chaplain, or palliative clinician with psychedelic training | Existential distress, mortality awareness, identity shifts, anticipatory grief | Quiz + short reflection |
| 2 | Medical complexity and safety | 1.5 | Board-certified pharmacist | Drug interactions, contraindications, symptom burden, frailty | Quiz or case review |
| 3 | Medical complexity and safety | 1.5 | Palliative care physician trained in PAT | Serious illness considerations, consultation thresholds, interdisciplinary coordination | Case analysis |
| 4 | Spiritual assessment and meaning-making | 2.0 | Chaplain or spiritually informed clinician with psychedelic experience | Meaning, suffering, transcendence, spiritual inquiry | Reflection + applied exercise |
| 5 | Grief, loss, and bereavement | 2.0 | Grief specialist, therapist, chaplain | Anticipatory grief, bereavement, cumulative loss, caregiver grief | Quiz + vignette response |
| 6 | Family and relational systems | 1.5 | Family systems therapist, hospice social worker, chaplain | Family conflict, caregiver burden, support networks, cultural systems | Case discussion |
| 7 | Adapting facilitation for EOL care | 3.0 | Experienced psychedelic facilitator working in serious illness settings | Preparation, pacing, accessibility, safety, home and support planning | Checklist review + case application |
| 8 | Ethics, culture, equity, informed consent | 1.5 | Ethicist, attorney, clinician, or senior facilitator | Vulnerability, consent, cultural humility, boundaries, equity | Scenario-based ethics exercise |
| 9 | Interdisciplinary collaboration and sustainable practice | 2.0 | Palliative care leader, chaplain, therapist, or facilitator educator | Team-based care, burnout, grief exposure, reflective practice | Reflection + final integration assignment |

# Proposed Implementation Pathway

A clear, time-bound roadmap to launch a rigorous end-of-life training track before the December 2026 program deadline.




Each phase builds on the last. Ensuring the program that launches in December 2026 is grounded in expert consensus, real-world supervision, and continuous improvement.

# Safeguards Built In

## Supervised Practicum

Minimum number of directly observed sessions with patients required before practice is permitted.

## Oversight

Mandatory collaboration requirements with licensed providers. No facilitator operates in isolation.

## Continuing Education

Mandatory updates as New Mexico rulemaking evolves and clinical evidence from emerging trials matures.

# New Mexico Can Lead if We Train for It

> New Mexico's Medical Psilocybin Act is one of the most forward-looking pieces of end-of-life legislation in the country.

Approving a dedicated adjunct training track ensures that the clinicians serving New Mexicans are **are genuinely prepared and meet competencies.**

We request the Advisory Board to adopt end-of-life psychedelic care as a **required training specialization** before the program launches in **December 2026.**