



# CLINICAL COGNITIVE

## FACILITATOR TRAINING

Ethical Principles/Code of Conduct for Psilocybin Facilitators

Originated 01/02/22 Oregon Health Authority

### **1. General principle. Beneficence and nonmaleficence:**

All facilitators shall strive to benefit others, to do no harm, and to safeguard the welfare of clients.

### **2. Fiduciary Duties.**

Fiduciary duties are intended to protect the more vulnerable parties in relationships where one party has greater expertise and influence. Facilitators owe clients fiduciary duties including, but not limited to, the duties of loyalty, care, and confidentiality.

#### **Duty of Loyalty:**

While acting in the role of fiduciary, facilitators have a duty to put their clients' interests above their own. When soliciting a client's consent for psilocybin services, facilitators shall have a duty to disclose all information that is material to the client's decision, including but not limited to, any personal or financial interests unrelated to the client's welfare that may affect the facilitator's judgement. Should such information arise after consent is obtained, the facilitator has an ongoing duty to disclose it to the client.

#### **Duty of Care:**

Facilitators have a duty to use the degree of skill, knowledge, and care that other reasonably careful licensed facilitators would use in the same or similar circumstances. Facilitators shall understand the laws and regulations governing the provision of psilocybin services, comply with the facilitator's professional code of conduct, and complete the continuing education necessary to maintain the requisite level of skill, knowledge, and care.

#### **Duty of Confidentiality:**

Facilitators have a duty to maintain the confidentiality of client information. When disclosure of client information may be permitted under Section 56 of the Oregon Psilocybin Services Act, facilitators should attempt to maintain the confidentiality of

client information to the greatest extent possible, and if compliance can be achieved without disclosing client information, the facilitator should avoid disclosure.

### **3. Misconduct and Responsibility for the Acts of Others**

It is professional misconduct for a facilitator to:

- a. Violate this code of conduct, knowingly induce another to do so, or to do so through the acts of another;
- b. Commit a criminal act that reflects adversely on the facilitator's honesty, trustworthiness or fitness to provide psilocybin services;
- c. Engage in conduct involving dishonesty, fraud, deceit, or misrepresentation; A facilitator shall be responsible for another facilitator's violation of this code of conduct if:
  - a. The facilitator orders or, with the knowledge of the specific conduct, observes, condones, or approves the conduct involved;
  - b. The facilitator has direct supervisory authority over the other facilitator and knows of the conduct at the time when its consequences can be avoided or mitigated but fails to take reasonable remedial action. Facilitators who observe or ratify the misconduct of another facilitator shall report the misconduct to the OHA within 7 calendar days.

### **4. Privacy and Confidentiality**

Facilitators have an obligation to protect confidential client information obtained during their work. Unless required by law, disclosures of client information shall be made only with a client's written consent. Facilitators shall not disclose confidential client information when consulting with colleagues or with other clients. Limits of confidentiality should be discussed with clients, including under what conditions confidential information is legally required to be released.

### **5. Competence**

Facilitators shall demonstrate successful completion of an OHA approved training program that meets training standards set by OHA. Facilitators shall only provide services within the boundaries of their competence (scope of practice), based on education, training, and licensure. Facilitators shall undertake relevant education, training, supervision, and consultation when providing techniques or services that are new to them. Facilitators shall participate in ongoing training or continuing education to maintain competence.

### **6. Contacting Emergency Services**

Facilitators shall acknowledge that due to the stigmatization and current legal status of psilocybin, contacting police and other emergency responders can pose unique risks to client safety and privacy. Accordingly, facilitators shall have safety plans in place that reduce the need to contact emergency responders. Nevertheless, facilitators must learn

to distinguish benign side effects of psilocybin services from medical emergencies, and when true emergencies arise, they shall contact emergency responders. In those circumstances, facilitators have ongoing fiduciary duties to clients requiring facilitators to minimize potential harms to clients associated with contacting and involving first responders.

## **7. Dual/Multiple Relationships**

When a facilitator sees a client with whom they have an existing relationship, or sees a person closely associated with a client, this creates a dual relationship. The conflation of personal relationships with the provision of psilocybin services can be problematic and may impair the facilitator's objectivity or effectiveness. Facilitators should not provide services to people over whom they have supervisory, evaluative, or other authority (e.g., students, employees). When a facilitator serves a client with whom they have a previous or existing relationship, great care should be taken to delineate between professional and personal roles and respect and understand the vulnerable position of clients receiving psilocybin services. A facilitator shall not offer or render psilocybin services as a means of establishing a personal relationship with clients.

## **8. Record Keeping**

Facilitators shall create and maintain records of services provided to meet service center requirements, to document client response to psilocybin services, for accurate billing, and for the maintenance of licensure.

Facilitator records shall include:

- Completed Client Information Form
- Completed Informed Consent Form for each round of psilocybin services
- Start and stop time of each preparatory, administration, and integration session
- The identity, dose, and batch number of the psilocybin product(s) administered during each administration session
- Adverse outcomes

## **9. Maintenance, dissemination, and disposal of confidential records**

Facilitators shall store client information in accordance with the following rules:

- Client records must be stored and maintained for a minimum of 5 years.
- To prevent unauthorized access and protect client confidentiality, records shall be stored in a manner that meets or exceeds HIPAA standards.
- With reasonable notice, facilitators shall allow clients to access, review, and correct their records.

- Records should only be destroyed in a manner that maintains client confidentiality, such as a commercial shredding service.
- After maintaining a client's records for 5 years, facilitators shall destroy those records upon receiving a written request from clients for their records' destruction.

## **10. Fees and Financial Arrangements**

Agreement between client and facilitator regarding fees, and any other financial arrangements, shall be recorded in writing prior to the provision of psilocybin services.

## **11. Advertising and other public statements**

Facilitators shall not make false, deceptive, or misleading statements and shall take reasonable efforts to prevent others from making false, deceptive, or misleading statements on their behalf. Facilitators providing public advice (in person, in print, or on the internet, etc.) shall take precautions to ensure statements are based on training and experience and are consistent with this code of ethics. Facilitators shall not solicit testimonials from clients.

## **12. Resolving Ethical Issues**

Facilitators and members of the public shall submit complaints to an ethics/licensing committee that receives complaints from the public, adjudicates/investigates complaints, and has the power to revoke licenses or mandate remedies.

## **13. Special considerations for non-ordinary states of consciousness**

Clients may be especially open to suggestion, manipulation, or exploitation, and because the effects of psychedelics can persist for months, this state of vulnerability may be prolonged, which requires increased attention to safety and consent. Psilocybin facilitation has the potential for stronger, more subtle, more complicated transference (strong feelings a client projects onto a provider; for example, as a parental figure) and counter transference (strong feelings a provider feels toward a client). This potential dynamic requires facilitators to be self aware, to engage in self-reflection and self-examination, and when possible, to participate in supervision/peer support for facilitators.

## **14. Non-Directive Approach to Facilitation of Psilocybin Services**

Facilitators shall provide psilocybin services, which consist of preparation, administration, and integration sessions, in a non-directive manner. The non-directive approach to facilitation is characterized by maintenance of a consistent, warm, and affirming disposition with clients, while avoiding giving clients direct advice or directly interpreting their statements or behaviors. The goal of nondirective facilitation is for clients to discover things about themselves for themselves with only minimal guidance from a facilitator. The pace and direction of facilitation are controlled by clients, while facilitators serve in a supportive role.

An exception would be when safety is at stake, at which point facilitators shall become directive only in the service of safety.

### **15. Use of Touch**

Clients may want or benefit from a facilitator's reassuring touch during the administration session. Facilitators shall complete training regarding the appropriate use of touch and demonstrate an acceptable level of understanding regarding the context and boundaries for appropriate touch. Facilitators shall discuss the use of touch with clients before the start of each administration session, and permission to use touch shall be requested and recorded.

### **16. Romantic and Sexual Relationships**

No romantic relationships, sexual contact, or sexual intimacy with clients is permitted during any stage of psilocybin services including preparatory, administration, and integration sessions. In addition, sexual contact or romantic relationships with clients, or their partners or immediate family members, is prohibited for one year after the facilitator-client relationship has been formally terminated.

### **17. Storage and Diversion of Psilocybin Products**

Facilitators shall store psilocybin products in accordance with OHA administrative rules and shall have a duty to prevent their adulteration, contamination, or diversion from psilocybin service centers.

**18. Acknowledgements** This code of conduct was inspired by ethical codes of the American Counseling Association, the American Psychological Association, and the Multidisciplinary Association for Psychedelic Studies