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Educational Pathways for Psychedelic Practitioners

Abstract

As the psychedelic renaissance continues to proliferate, there is a tremendous need to increase the number of skilled providers for psychedelic services. This article describes and compares several possible pathways for educating and supervising psychedelic practitioners, including certificate programs and creating a new credential (license to practice). This article also considers the needs of psychedelic practitioners who are already licensed healthcare professionals, as well as the needs of practitioners who were formerly underground guides during the psychedelic prohibition. The objectives of this article are to help readers understand the structural components of different educational pathways and the essential vocabulary for discussing this topic.

Introduction

As the field of psychedelic medicine continues to erupt, the community at large continues to grapple with several essential questions about the use of these substances and the provision of psychedelic services. Do clients actually need a skilled practitioner to help them navigate this terrain, or is it okay to just hand out visionary medicine and let people figure it out on their own? If a skilled practitioner is needed, who is qualified to work with visionary medicines in a safe way? In other words, what training is essential for psychedelic practitioners? Further, what structures need to be in place to support the educational needs of these practitioners, ensure consistency across different training programs, and generally support safe practices in the field?

Discussion about the training and oversight of psychedelic practitioners is often hindered by semantic confusion. What exactly is the difference between being accredited, credentialed, certified, or certificated? These words are sometimes used interchangeably, but actually have different meanings and implications. I was inspired to do a deep dive into

researching possible educational pathways for psychedelic practitioners and the essential terminology associated with this conversation.[1] I have summarized my findings below.

Optimal vs. Adequate Care

First, as we start thinking about creating infrastructure for psychedelic services on a large scale, it is necessary to pause and consider a foundational issue: making an explicit distinction between "optimal" care and "adequate" care. **Optimal care** is the best care that we can provide.[2] Optimal care often involves highly skilled labor, and it is often expensive. Sometimes it is necessary to accept a lower standard of care for financial and/or logistical reasons. **Adequate care** is "good enough" care, and it is almost always sub-optimal. So before we create new programs and structures, it is essential to contemplate whether we are intending to train practitioners to provide optimal care or adequate care? This is a philosophical question with far-reaching implications.

Existing Structures

Next, it is important to understand the existing structures that are pertinent to healthcare practitioners. **DEA** is a federal agency that determines which molecules or substances are allowed to be studied, prescribed and utilized. **FDA** is another federal agency that assesses the safety and efficacy of each molecule or intervention for a specific clinical application. The **insurance industry** looks to the FDA to decide what services will be covered (allowed and/or paid). **State boards** are responsible for issuing, renewing, and overseeing a healthcare provider's license to practice. State boards also receive, investigate, and take action on any complaints about the practitioner's professional behavior. **Malpractice insurance companies** provide financial coverage for practitioners in case of an adverse event. There are often narrow terms and conditions for what a malpractice insurance company will cover. If a

[1] I participated in a panel discussion about credentialing psychedelic practitioners at the Psychedelic Science conference in Denver, Colorado in June 2023. The other participants in this panel were NiCole Buchanan, PhD (Chair); Angela Allbee, MPA; Shannon Hughes, MSW/PhD; and Scott Shannon, MD.

[2] There is much active debate among providers as to what optimal care actually looks like for different psychedelic substances and for different sub-populations of clients.

malpractice insurance company refuses to cover a particular service, or if it is deemed that the practitioner operated outside of the scope of their license and training, this can be financially disastrous for the practitioner. In a nutshell, it is nearly impossible to create a credentialing program that does not take these existing structures into consideration.

Educational Pathways in General

What exactly is a credential? A **credential** signals that the applicant has engaged in a course of study, demonstrated competence for a specific skill set, and has earned official permission (from local government) to offer that skill set as a professional service. A credential (or license to practice) is not a concept that can stand alone. Instead, credentialing is typically the endpoint of a training trajectory with multiple steps involving several independent entities:

First, trainees enroll in a **comprehensive training program**. Comprehensive training programs are designed to provide trainees with an intellectual grasp of the subject matter as well as a substantial set of practical skills. They typically value both breadth and depth of knowledge. Further, comprehensive training programs typically have the following components: entrance requirements (pre-requisites to apply); didactic coursework; supervised practical experience; and multiple assessments throughout the training to check the trainee's grasp of the material. Upon successful completion of the training program, the trainee is awarded a **diploma**. (For example, think of medical school, graduate school for psychotherapists, or nursing school.)

A diploma is more meaningful, and perceived to be of a higher caliber, if it comes from an **accredited** training program. Accreditation is awarded by an accrediting body to a program or institution; accreditation cannot be awarded to an individual. The accrediting body must be an independent organization which ensures the quality of a training program and consistency across similar programs.

The trainee can then use their diploma to apply to a **licensing body** for a license to practice (or credential). The licensing body may also require the trainees to pass an **external (independent) examination**. Licensing bodies typically also have a Code of Conduct for affiliated practitioners, and an Ethics Board for responding to complaints. They maintain a

publicly visible list of affiliated practitioners and a list of disciplinary actions. (For example, think of the state boards.)

After a practitioner becomes licensed, they become eligible for **membership** in a professional organization. Professional organizations play an important role in providing networking opportunities, continuing education, and political representation for practitioners. (Many professional organizations also offer guidance and mentorship to pre-licensed trainees.)

Alternately, in the healthcare world, a **certificate** is added on to an existing credential. It could indicate that the trainee has completed a comprehensive training program, but more often it means that the trainee has completed a single course or a brief training.[3] A certificate indicates that supplementary training was completed, but it is not a credential by itself, because the educational organization lacks the necessary structural components to regulate practitioners. (An example of a professional certificate was the buprenorphine waiver, which essentially was an extra class that physicians needed to take if they wanted permission to prescribe that specific medication.)

Another option is to create a **specialty, sub-specialty,** or **fellowship** to further develop and refine a practitioner's skill set. A professional specialty is an additional certification that attests to advanced training. Again, it is added on to an existing credential; specialty training is not a credential by itself for the same reason that a certificate cannot be a credential. (Some contemporary examples include the Integrative Medicine specialty for physicians[4] and the Contemplative Medicine fellowship for healthcare providers.[5])

A final option is to move an educational component away from being an optional add-on skill, and incorporate the skill set into the **required standard curriculum** for all practitioners. (An example of this is the shift away from having an additional buprenorphine waiver toward

[3] Being "certified" means you have earned a certification of completion, whereas being "certificated" means that someone else has checked and confirmed your certification status.

[4] Integrative medicine eligibility requirements. *American Board of Physician Specialties.* April 2023. https://www.abpsus.org/integrative-medicine-eligibility

[5] Contemplative medicine fellowship. *New York Zen Center.* April 2024. https://zencare.org/contemplative-medicine-fellowship

incorporating knowledge about opioid agonists into the required training for all prescribers.[6])

Educational Pathways for Psychedelic Practitioners

Now that we have clarified the difference between a certificate and a credential (above), we can begin to grapple with what is needed in the exploding field of psychedelics. After surveying the educational landscape, I have concluded that different kinds of practitioners need different things at different times. In the short term, it would be wonderful to have accredited certificate programs for licensed healthcare professionals who want to work with psychedelic medicines in their clinical practices. In the long term, it is extremely likely that education for working with visionary medicines and altered states of consciousness will be incorporated into graduate level training for all mental health professionals, and possibly for all healthcare professionals and allied health workers. Meanwhile, we should discuss the possibility of creating an alternate pathway to licensure for practitioners who were formerly underground psychedelic guides during the psychedelic prohibition.

Certificates for Licensed Clinicians

Creating a psychedelic certificate program is not structurally complex. The main thing that is required is the creation of a core curriculum (or standards).[7] This psychedelic certificate would be an optional add-on to the practitioner's license to practice, which would remain under the purview of the existing state boards. While this is the simplest solution, there are several noteworthy challenges. First, getting different certificate providers to agree on educational standards may be difficult because some treat their training materials as proprietary intellectual property. Next, a certificate for psychedelic medicine(s) could be recommended but not required unless there was collaboration with the state boards. But as things stand now, there is no mechanism for enforcing a certificate requirement; instead,

[6] The X waiver is officially dead. *MedPage Today.* January 5, 2023. https://www.medpagetoday.com/special-reports/features/102520

[7] As a starting place, I would look at this historic article: Phelps, J. (2017). Developing guidelines and competencies for the training of psychedelic therapists. *Journal of Humanistic Psychology,* Vol. 57, Issue 5. https://doi.org/10.1177/0022167817711304

holding a certificate would indicate a high level of training (similar to the FACS designation for surgeons[8]). Also, it would be good to create an alternate mechanism for assessing and certifying licensed practitioners who have many years of experience in working with psychedelic medicines already, so that they are not forced to enroll in costly and redundant training programs (i.e., a Grandfather Clause). An interesting question here is whether there would be one certificate for working with all visionary medicines or if there would be a separate certificate for each psychedelic medicine? Lastly, each state board would need to become knowledgeable about the special concerns and clinical issues that arise when a client is chemically induced into an altered state of consciousness (ASOC). A national consultation service could be really useful for this purpose.

Accreditation for psychedelic certificate programs is essential to ensure consistency across educational offerings.[9] Without accreditation, a certificate is essentially meaningless. Currently, a quick online search finds numerous psychedelic certificate programs that vary in length from seven hours (one day of study) to two hundred hours (one year of study). Obviously these programs are not comparable. As an interim solution (before accreditation is in place), it would be good practice for practitioners who completed a certificate program to clearly name the training organization and the number of contact hours.

Credentials for Underground Guides

Creating a legitimate credentialing program for unlicensed practitioners is much more structurally complex because it necessitates the formation of multiple other entities. It also needs to be mindful of the existing structures, which tend to be territorial for economic and political reasons. Nonetheless, it might be possible to create a comprehensive training program specifically for psychedelic guides with the same structural components mentioned above: entrance requirements, didactic classes, supervised practical experience, opportunities to demonstrate competence, and a diploma. Eventually it would be desirable to have

[8] Fellows (US and Canada). *American College of Surgeons.* April 2024. https://www.facs.org/for-medical-professionals/membership-community/member-servicesjoin/fellows

[9] There are several established entities that offer accreditation to healthcare trainings, including ACHC.

accreditation for the training programs, but a collaborative council could work as a temporary solution. The guides could then apply to be credentialed through an organization that has a Code of Conduct, an Ethics Board, and a list of credentialed practitioners. As various psychedelic medicines move toward legalization, it becomes more viable to create these structures. Note that the credentialing process needs to be attentive to technical skills and ethical conduct (behavior that does not cause harm to an individual or community).

In this vision, it would also be important to create a system where practitioners with many years of experience could request an exemption from each specific component of training. A portfolio model of assessment (as opposed to an examination model) might work well for this. (For example, portfolios are often used in the assessments of educators and professors.) This process would need to be done extremely thoughtfully because of the illicit nature of this work. It would likely be labor-intensive which would make it costly. Nonetheless, it should be possible to build a process that is rigorous, fair, and respectful of different ways of acquiring knowledge including formal education, apprenticeship, and/or personal experience.[10]

Note that no one in this country can legitimately claim to be "credentialed" as a psychedelic practitioner at this time, because the structural components for a credential simply do not exist.

Many Paths, One Destination

Currently, there is much debate about creating programs and structures to support practitioners who want to work with psychedelic medicines. How can we ensure that practitioners are competent, skillful and ethical? How can we include practitioners from many different backgrounds? While it is tempting to want to create one credentialing pathway for all psychedelic practitioners, this is not possible nor desirable. First, the practice of psychedelic medicine cannot be clearly delineated for a healthcare professional who is licensed already.

[10] Much of what I know about working with ketamine was informed by my experience as a client in the psychedelic underground. I also studied psychedelic medicines under the mentorship of several teachers, and I earned a doctoral degree in Clinical Psychology. None of these experiences alone were sufficient to become a competent ketamine practitioner, but rather it was a combination of a broad knowledge base, specialized instruction, and personal experience that seem vital to skillful and ethical practice.

(For example, where does the psychedelic work begin and end when it is embedded in the context of an on-going psychotherapy relationship? Where does medical management begin and end when a psychedelic substance is prescribed?) The edges of the field of psychedelic practice are blurry, and blend into other fields of professional practice, which makes it functionally impossible to have a separate licensing board just for psychedelic services. Next, it may not be possible to give official permission to a healthcare worker to practice outside the scope of their professional license. (For example, would the state boards allow a psychotherapist to assess and treat a medical emergency, even if they took a special class? Would the state boards allow an internist or a surgeon to offer psychotherapy services, even if they took a special class? Would the state boards allow an unlicensed guide to provide services that overlap with medical or mental health care?) As noted above, the existing structures are unlikely to tolerate professional cross-over.

Instead, there needs to be parallel educational tracks for practitioners from different backgrounds. There is substantial precedent for this already in healthcare. For example, there are multiple pathways to providing mental health services: one could train as a clinical psychologist, psychotherapist, or social worker. Similarly, there are multiple pathways to providing physical health services: one could train as a doctor of allopathic medicine, doctor of osteopathic medicine, physician's assistant, or nurse practitioner. Different kinds of practitioners in the same field largely do similar things in their everyday clinical practices despite having different academic degrees. Building on this precedent, it makes sense to have multiple pathways to providing psychedelic services, at least as an interim solution until these skills are integrated into graduate level training more broadly.

Conclusion

As psychedelic medicine moves from an obscure practice to a booming industry, it is clear that new standards and regulatory structures are needed for the benefit of both clients and service providers: the field needs mechanisms for ensuring a consistent standard of care and an appropriate level of professional conduct. This paper outlined multiple possible pathways for training and supervising psychedelic practitioners. One option is to create a full

credentialing pathway for unlicensed practitioners; this would necessitate the formation of multiple organizations to provide the necessary structural components. Another option is to offer accredited certificate programs for practitioners who already hold a license to practice; this is the most pragmatic strategy for licensed healthcare professionals. I advocated for the co-existence of different pathways for different kinds of practitioners, based on the precedent that exists already in healthcare. Note that I have deliberately focused on the structural frameworks for the required components, not the content of the trainings nor the management of the organizations that are needed.

Ultimately, we need to acknowledge that psychedelic substances constitute an entirely new category of "experiential medicines." These psychoactive materials have the potential to create powerful alterations in perception, emotion, identity and/or somatic awareness. As such, the context in which the medicines are ingested becomes an important consideration in the overall experience. (This is unlike most conventional medicines, which probably work the same regardless of context.) The community clearly needs new training programs and educated regulatory bodies to assist with the safe provision of experiential medicines.

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