Psychedelic - Informed Practice: Ethics and Professional Boundaries

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2 Contact Hours

Author Bio: Dr. Peter H. Addy

Professional Background

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Current Work

- Psychedelic Affirming Education, an NBCC approved continuing education provider
- Ketamine-assisted psychotherapist
- Psychotherapist
- Approved clinical supervisor with Oregon Board of Licensed Professional Counselors and Therapists

Course Offerings

1. Professional continuing education for mental health clinicians
2. Psychedelic preparation courses for individuals planning legal experiences within 90 days

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1. No purchase of additional materials or services is required to complete this webinar.
2. Affiliate links in handouts will be clearly identified as such.
3. All referenced materials are supplementary and optional.

Purpose Statement

With increasing client interest in and use of psychedelics, clinicians need to collaborate with clients to identify risks and potential benefits and provide professional and ethical care.

Many clinicians do not receive sufficient education or training about this population.

This course will discuss the clinician's responsibility and scope in caring for clients who use psychedelics.

Learning Objective 1

Identify client safety factors, contraindications, and readiness when clients disclose psychedelic use

Section A

Context and Professional Spectrum

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- Indigenous knowledge systems inform contemporary therapeutic frameworks
- Traditional emphasis on preparation, ceremony, and integration
- Community - based healing versus individual medical model
- Set and setting concepts derived from ceremonial practices

❗ **Boundary note:** As behavioral health professionals, we honor these traditions while recognizing our role is distinct from traditional ritual contexts

Self-Assessment Question

A client with no personal history of psychotic symptoms but whose biological parent has schizophrenia asks about using ketamine for depression. What is the most appropriate response?

A. Discuss the elevated risk, recommend psychiatric consultation, and explore the risk-benefit profile collaboratively

B. Inform the client that family history is an absolute contraindication and recommend against use

C. Reassure the client that family history without personal symptoms presents no additional concern

D. Suggest the client try a different psychedelic with lower risks

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A client with no personal history of psychotic symptoms but whose biological parent has schizophrenia asks about using psilocybin mushrooms for depression. What is the most appropriate response?

- **The Correct Answer is A.** Discuss the elevated risk, recommend psychiatric consultation, and explore the risk-benefit profile collaboratively

While family history of psychotic disorders does increase risk of adverse reactions to psychedelics, it is not an absolute contraindication in the absence of personal psychotic symptoms. This approach balances safety with respect for client self-determination.

The Professional Spectrum

Where Do You Fit?

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Psychedelic Harm Reduction and Integration Therapy

- Specialized training in preparation and integration
- Support for clients using psychedelics in any context
- Ethical framework for underground use support

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Psychedelic - Informed Interventions

- Basic awareness and psychoeducation
- Harm reduction principles
- Referral to appropriate resources

4

Psychedelic - Assisted Psychotherapy

- Direct administration in research or licensed settings
- Specialized certification and supervision
- Limited to specific legal contexts

Self-Assessment Question

A client currently taking 40 mg of fluoxetine (Prozac) daily mentions planning to use LSD. What is the primary concern?

A. Risk of serotonin syndrome requiring emergency intervention

B. Increased risk of cardiovascular complications from the interaction

C. Significantly reduced or absent psychedelic effects due to SSRI blockade

D. Potential for increased depression after the psychedelic experience ends

Self-Assessment Question

A client currently taking 40 mg of fluoxetine (Prozac) daily mentions planning to use LSD. What is the primary concern?

- **The correct answer is C.** Significantly reduced or absent psychedelic effects due to SSRI blockade

Current research demonstrates that clients on SSRIs typically experience diminished effects from psychedelics. This may lead them to take higher doses seeking effects or discontinue needed psychiatric medications to have psychedelic experiences. Education should focus on the likelihood of reduced effects and the risks of unilateral medication discontinuation.

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4-phosphoryloxy-N,N-dimethyltryptamine

Đ Mechanism of Action

- Prodrug → hepatic conversion to psilocin
- 5-HT2A, 1A, and 2C receptor agonist
- Active ingredient in "magic mushrooms"
- Promotes neuroplasticity and emotional processing

2 Current Research Status

- Multiple breakthrough therapy designations
- Phase 3 trials ongoing for treatment-resistant depression
- Applications: Depression, anxiety, end-of-life distress, addiction

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Meta - Analysis Results

- **Largest effect size** among psychedelics (Hedges' $g = -1.49$) for treatment of depression and anxiety
  - https://doi.org/10.1016/j.psychres.2024.115886
- Sustained benefits at 6+ weeks
  - https://doi.org/10.3389/fpsyt.2024.1359088

Antidepressant Interactions

- Probability of weaker than expected effects of psilocybin with concurrent use of antidepressants
- Washout period of 3+ months essential for optimal response
  - https://doi.org/10.31234/osf.io/2zys9

Safety Profile

- Well-tolerated in controlled settings
- Temporary increases in blood pressure/heart rate
- **Contraindicated with lithium** (seizure risk)
  - https://doi.org/10.1055/a-1524-2794

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Ketamine

Đ Mechanism of Action

- NMDA receptor antagonist
- Increases glutamate in prefrontal cortex
- Rapid-acting antidepressant effects
- Enhances synaptic plasticity

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- Esketamine (Spravato): FDA-approved, insurance covered
- IV ketamine: Off-label use, 1,000+ clinics nationwide
- Ketamine-assisted psychotherapy (KAP): Growing practice model

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Required Protocols

- Blood pressure monitoring (ketamine increases BP)
- 2-hour observation period
- Driving restrictions for remainder of day

FDA Safety Warnings (2023)

- Compounded ketamine products may lack quality control
- Some formulations linked to serious adverse events
- Importance of certified clinic treatment

KAP (Ketamine-Assisted Psychotherapy)

- Integration of ketamine with therapeutic intervention
- Growing evidence for enhanced outcomes versus ketamine alone
- Training programs expanding for mental health providers
  - https://doi.org/10.1080/02791072.2019.1587556
  - https://doi.org/10.2147/jpr.s360733

Why These Two Substances?

Psilocybin: Oregon/Colorado legal programs, active clinical trials

Ketamine: Nationwide legal availability, FDA-approved esketamine

Both: Most likely substances clients in therapy might access or discuss

❗ **Boundary note:** You'll encounter clients using these both in legal therapeutic contexts AND outside them

Learning Objective 1

Identify client safety factors, contraindications, and readiness when clients disclose psychedelic use

Section B

Legal Landscape

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During intake, a new client mentions using psilocybin mushrooms quarterly for "personal growth and creativity." What is the most important initial assessment focus?

A. Exploring the client's understanding of safety, contraindications, and harm reduction

B. Determining if this use pattern meets criteria for substance use disorder

C. Assessing whether the client's employer or family knows about this use

D. Educating the client about legal consequences of Schedule I substance use

Self-Assessment Question

During intake, a new client mentions using psilocybin mushrooms quarterly for "personal growth and creativity." What is the most important initial assessment focus?

- **The correct answer is A.** Exploring the client's understanding of safety, contraindications, and harm reduction

The initial priority is understanding what the client knows about safety practices, contraindications, and harm reduction strategies. This assessment informs what education may be needed and what risks require attention. This approach demonstrates respect for client autonomy while fulfilling the clinical responsibility to promote safety.

Federal Status as of January 2026

Schedule I (psilocybin) versus Schedule III (ketamine)

What this means for clients and clinicians

❗ **Boundary note:** You provide psychoeducation about legal status; you are not providing legal advice

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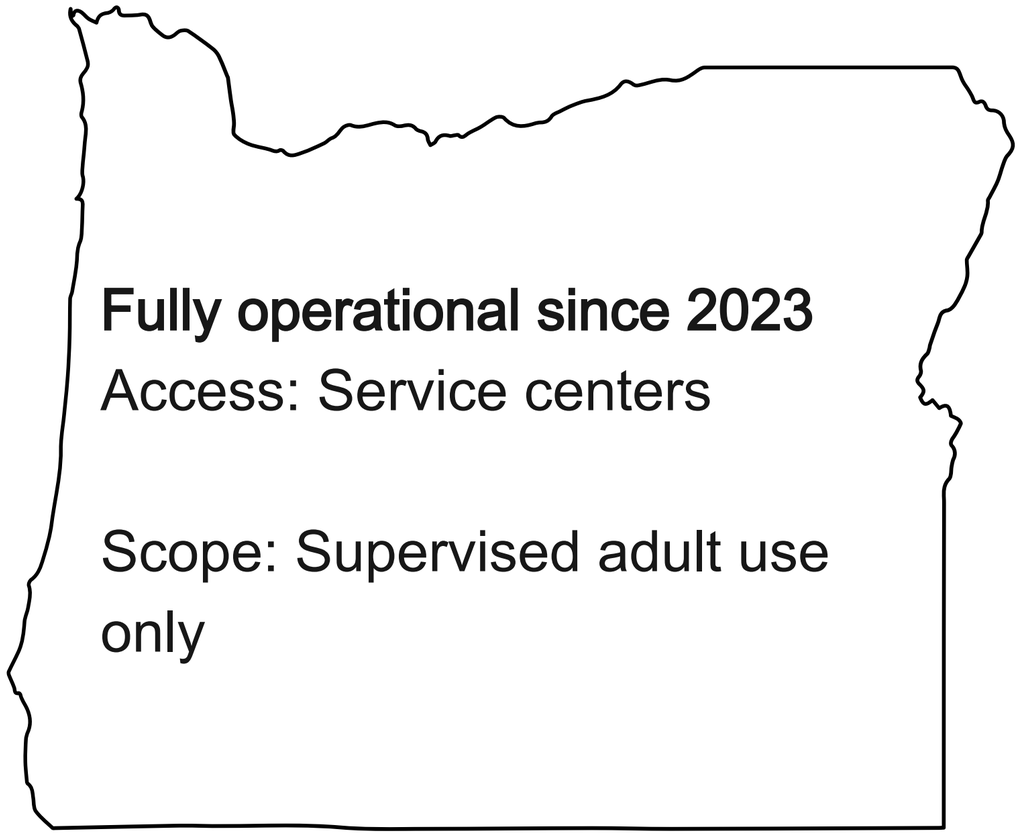

Fully operational since 2023

Access: Service centers

Scope: Supervised adult use only

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OPS Operational Reality

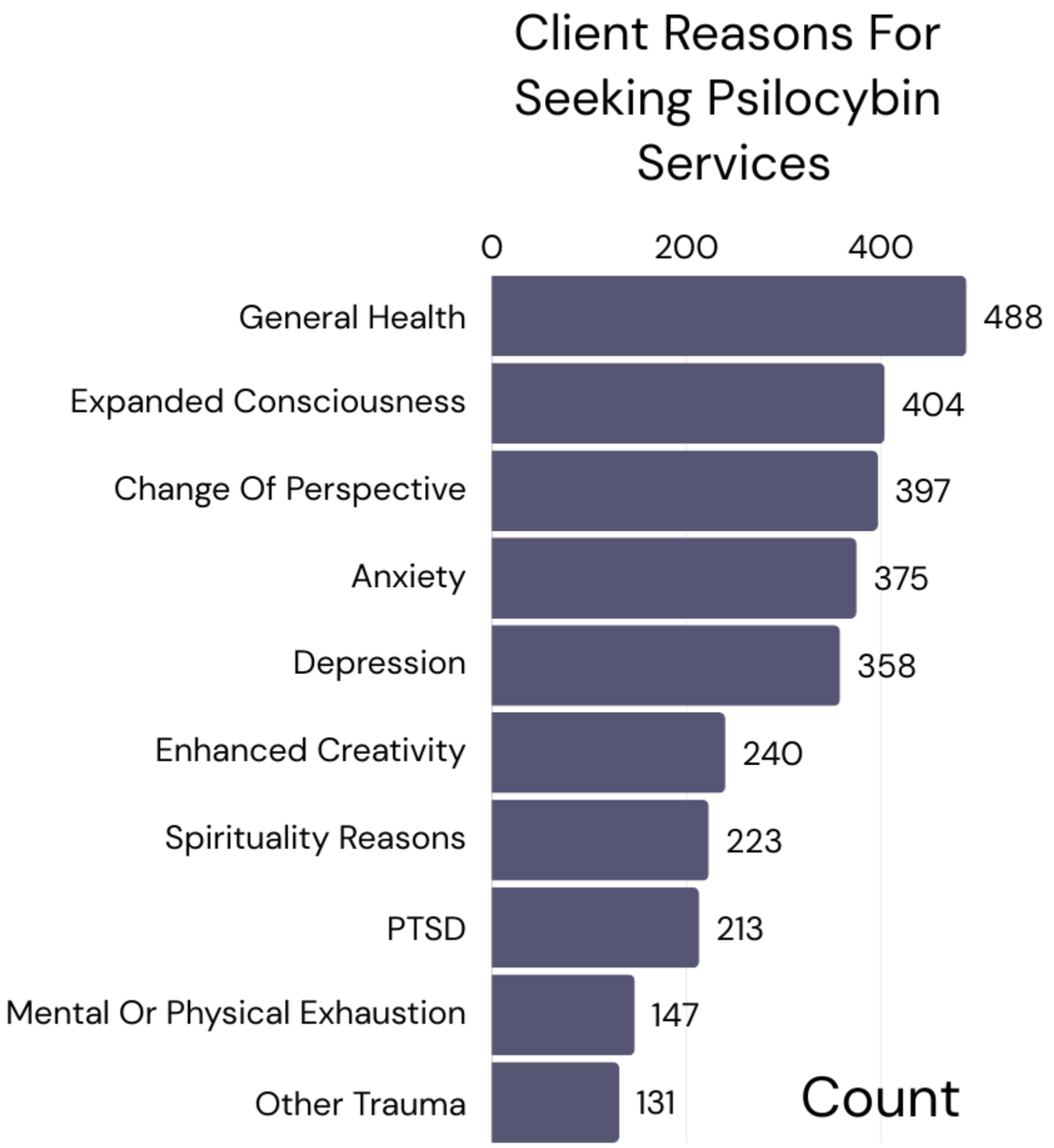
(Oregon Health Authority, n.d.)

Current Status (2025)

- 31 active service centers serving 10,000+ clients
- 367 licensed facilitators
- Over 27,000 psilocybin products processed
- Only 13 emergency service reports across all centers

Accessibility Challenges

- Average client age: 44.5 years
- Average income: $136,000 (vs. Oregon median $88,000)
- Session costs: $1,000 - $5,000+ individual, $750+ group sessions
- 25% of initially licensed centers closed due to high operational costs
- Geographic concentration in western Oregon



Healthcare Consideration

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Ketamine Infusion Therapy

- **Regulatory Status:** Off-label use (FDA-approved only as anesthetic)
- **Availability:** Nationwide, hundreds of specialized clinics
- **Insurance:** Limited coverage for off-label psychiatric use
- **Cost:** $400-800 per session

Esketamine (Spravato)

- **NEW STATUS:** Standalone monotherapy (January 2025)
- **Insurance Coverage:** Major providers (Cigna, Aetna, BCBS, United, Medicare, Medicaid)
- **Medicare Coverage:** 80% of ~$590/session + monitoring
- **Requirements:** Treatment-resistant depression, certified centers

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Sublingual Ketamine Troches for KAP

- **Regulatory Status:** Off-label use (ketamine FDA-approved only as anesthetic)
- **Administration:** Sublingual lozenges/troches dissolved under tongue
- **Bioavailability:** 25-30% (lower than IV administration)
- **Setting:** In-office or at-home use

Treatment Structure

- **Dosing Range:** 50-400 mg per session
- **Session Duration:** 2-2.5 hours (90-minute experience)
- **Integration:** Pre- and post-session psychotherapy

Costs and Coverage

- **Troche prescription:** $40-60 per prescription fill
- **Total cost:** Medical screening + prescription + psychotherapy

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Section C

Risk Assessment and Safety Screening

Psilocybin and Ketamine When Clients Use Outside Clinical Contexts

“Street” mushrooms versus regulated psilocybin services

Prescription versus diverted ketamine

Why clients might choose underground or informal routes: cost, access, stigma, control

❗ **Boundary note:** Your role isn’t to judge or endorse but to understand the reality of how clients access these substances so you can provide appropriate support and harm reduction

Key Harms from Street Psilocybin Use

Acute Safety Risks

- **Challenging experiences:** 39% rate among "top 5 most challenging life experiences"; 11% put self/others at physical risk
- **Psychological distress:** Anxiety, panic, paranoia, short-term psychosis
- **Physical effects:** Increased BP/HR, nausea, headache, dizziness, fatigue
- **Impaired judgment:** Dangerous behavior, driving risks, accidents
  - https://doi.org/10.1177/02698811166626 34

Key Harms from Street Psilocybin Use

Real-World Context

- Overall safety: 0.2% of users (0.06% per event) sought emergency care
- Dosage unpredictability: Potency varies greatly between batches/individual mushrooms
  - https://doi.org/10.1177/02698811221084063

Minimum Washout Periods

Medication Class	Washout Time	Special Considerations
SSRIs (most)	2-4 weeks	Monitor for discontinuation syndrome
Fluoxetine	6 weeks	Long half-life of active metabolite
SNRIs	1-2 weeks	Taper to avoid withdrawal
MAOIs	2-4 weeks	Irreversible enzyme inhibition
Antipsychotics	1-2 weeks	Longer for depot formulations
Lithium	1-2 weeks	Monitor levels during taper
Benzodiazepines	Not required*	*But may reduce psychedelic effects

Evidence -Based Practice:

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Key Harms from Street Ketamine Use

Acute Safety Risks

- **K-hole state:** Complete dissociation, inability to move, extreme vulnerability
- Dangerous combinations: alcohol, benzos, GHB
- **79%** of overdoses and **89%** of deaths involve ketamine + other substances
  - https://doi.org/10.1080/00952990.2022.2132506

Most Serious Physical Harm: Ketamine - Induced Uropathy

- Frequent urination (20 - 30x/day), pain, blood in urine, incontinence
- Can progress to bladder scarring, kidney damage, renal failure
- Often misdiagnosed as UTI or interstitial cystitis
  - https://doi.org/10.1002/bco2.239

Key Harms from Street Ketamine Use

Real-World Context and Contamination Risks

- Frequent drug misrepresentation: Other substances sold as ketamine
- Tolerance builds rapidly; psychological dependence possible
- Memory problems and cognitive impairment with chronic use patterns

Optimal Mindset (Internal Factors)

Psychological Preparation

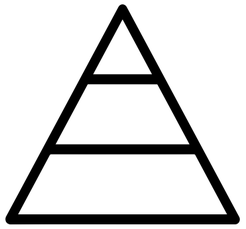
- Realistic expectations about experience
- Clear intentions and goals
- Emotional stability and readiness
- Previous meditation/mindfulness experience
- Support for challenging content

Physical Preparation

- Adequate sleep (7+ hours prior)
- Proper nutrition and hydration
- Medication review and washout completion
- Medical clearance for risk factors

Optimal Setting (External Factors)

Physical Environment	Social Environment
• Safe, comfortable, familiar space • Temperature control and comfort items • Access to bathroom and water • Minimal technological distractions • Emergency contact availability	• Trained sitter or therapist present • Clear boundaries and agreements • Cultural sensitivity and respect • Integration support planned • Emergency protocols established



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Addressing safety requires acknowledging that optimal set and setting recommendations reflect class privilege; harm reduction must be adaptable to diverse economic realities. Clients with financial constraints may lack access to safe environments, may be unable to take time off work for experiences and recovery, or may lack transportation to supportive settings. Economic barriers also affect access to integration therapy and complementary supports.

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• Stable mental health for 6+ months • Strong support system available • Clear therapeutic goals • Realistic expectations about psychedelics • Access to integration support • Understanding of legal limitations	• Currently taking antidepressants (SSRIs, SNRIs, etc.) • Active substance abuse or addiction (within 6 months) • Family history of psychotic or bipolar disorders • History of trauma or PTSD • Previous adverse reactions to psychedelics • History of bipolar II disorder	• Currently experiencing psychosis, mania, or hypomania • Active suicidal ideation • Currently taking MAOIs or lithium • Pregnancy or actively trying to conceive • Uncontrolled cardiovascular disease (BP >180/110) • History of psychotic disorders or bipolar I disorder

Evidence -Based Practice

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Four Dimensions of Preparedness

🧠 **Knowledge - Expectations** Understanding effects, duration, risks, and realistic expectations about the experience	🎯 **Intention - Preparation** Setting clear intentions, goals, and engaging in preparatory practices
💪 **Psychophysical - Readiness** Mental health stability, physical health, and readiness for intense experiences	🤝 **Support - Planning** Having appropriate support systems, safe settings, and integration resources

https://doi.org/10.1038/s41598-024-53829-z

Learning Objective 1

Identify client safety factors, contraindications, and readiness when clients disclose psychedelic use

Section D

Case Study 1

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Marcus, a 28 -year-old African American office worker, discloses in his third session that he's been using psilocybin mushrooms monthly for the past 6 months to address depression and work-related stress. He describes feeling more present and creative after experiences but expresses worry about his job security if his employer discovered this use. Marcus has no personal history of psychotic symptoms, though his maternal uncle has schizophrenia. He lives alone in an apartment, uses mushrooms in his home with a trusted friend present, and has researched harm reduction practices online. He's currently on no psychiatric medications. Marcus mentions feeling frustrated that he has to "break the law" for something that helps more than therapy alone has and expresses concern that being Black makes legal consequences more serious if discovered.

Case Study: Marcus

Questions

1. What safety factors and contraindications should you assess further with Marcus?
2. How do you address Marcus's concerns about legal vulnerability and racial disparities in drug law enforcement?
3. What aspects of Marcus's current harm reduction approach should you affirm, and what additional education might be beneficial?

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1. Key assessment areas include (a) detailed family psychiatric history given his uncle's schizophrenia—this represents elevated but not absolute risk; (b) any early warning signs of unusual thinking, paranoia, or perceptual changes that might suggest emerging concerns; (c) more details about his use pattern, including doses, frequency, and whether patterns are changing; (d) his emotional state before use (using psychedelics during acute distress can increase adverse reactions); (e) quality of his support person's ability to help if problems arise; and (f) any physical health conditions, particularly cardiovascular concerns. The assessment should be collaborative, with Marcus as an informed partner in evaluating his safety profile.
2. Marcus's concerns reflect legitimate realities: Black individuals face dramatically higher rates of arrest and prosecution for drug offenses despite similar usage rates across races. Acknowledge this reality directly rather than minimizing his concerns. Discuss documentation practices that protect his privacy while supporting clinical care. Explore his assessment of legal risks given his specific circumstances (employment, jurisdiction, community). Without encouraging illegal activity, validate his frustration about legal barriers to potentially beneficial practices. This conversation models cultural humility and acknowledges how systemic inequities affect healthcare decisions and risk assessment.
3. Affirm positive aspects of Marcus's approach: Monthly frequency (avoiding problematic patterns), using in a safe environment, having a trusted person present, and researching harm reduction. Provide additional education on (a) family history implications and early warning signs to monitor; (b) importance of his support person knowing what to do if problems arise; (c) screening tools for monitoring mental health changes between uses; (d) integration practices to maximize benefits; and (e) mushroom identification and contamination risks if he's obtaining them informally. Education should build on his existing knowledge rather than assuming ignorance, respecting his agency while offering evidence-based guidance.

Learning Objective 2

Apply evidence - based harm reduction interventions that respect client autonomy

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Self-Assessment Question

A client reports they had a very challenging psilocybin experience with intense fear and paranoia. They're questioning whether to try psychedelics again. What is the most evidence-based response?

A. Recommend the client not use psychedelics again as they had a bad trip

B. Explore what was challenging and why, what they learned from it, and what different approaches might address those factors

C. Explain that challenging experiences often produce the most growth and encourage them to try again

D. Suggest they try a different psychedelic since they may have better experiences with other substances

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A client reports they had a very challenging psilocybin experience with intense fear and paranoia. They're questioning whether to try psychedelics again. What is the most evidence-based response?

- **The correct answer is B.** Explore what was challenging and why, what they learned from it, and what different approaches might address those factors

Experiences rated as very challenging in the moment often produce meaningful long-term benefits when integrated effectively. However, this doesn't mean all difficult experiences are valuable or that clients should necessarily repeat experiences. Honor both the research on challenging experiences and client self-determination.

The American Psychedelic Practitioners Association published the first comprehensive professional standards.

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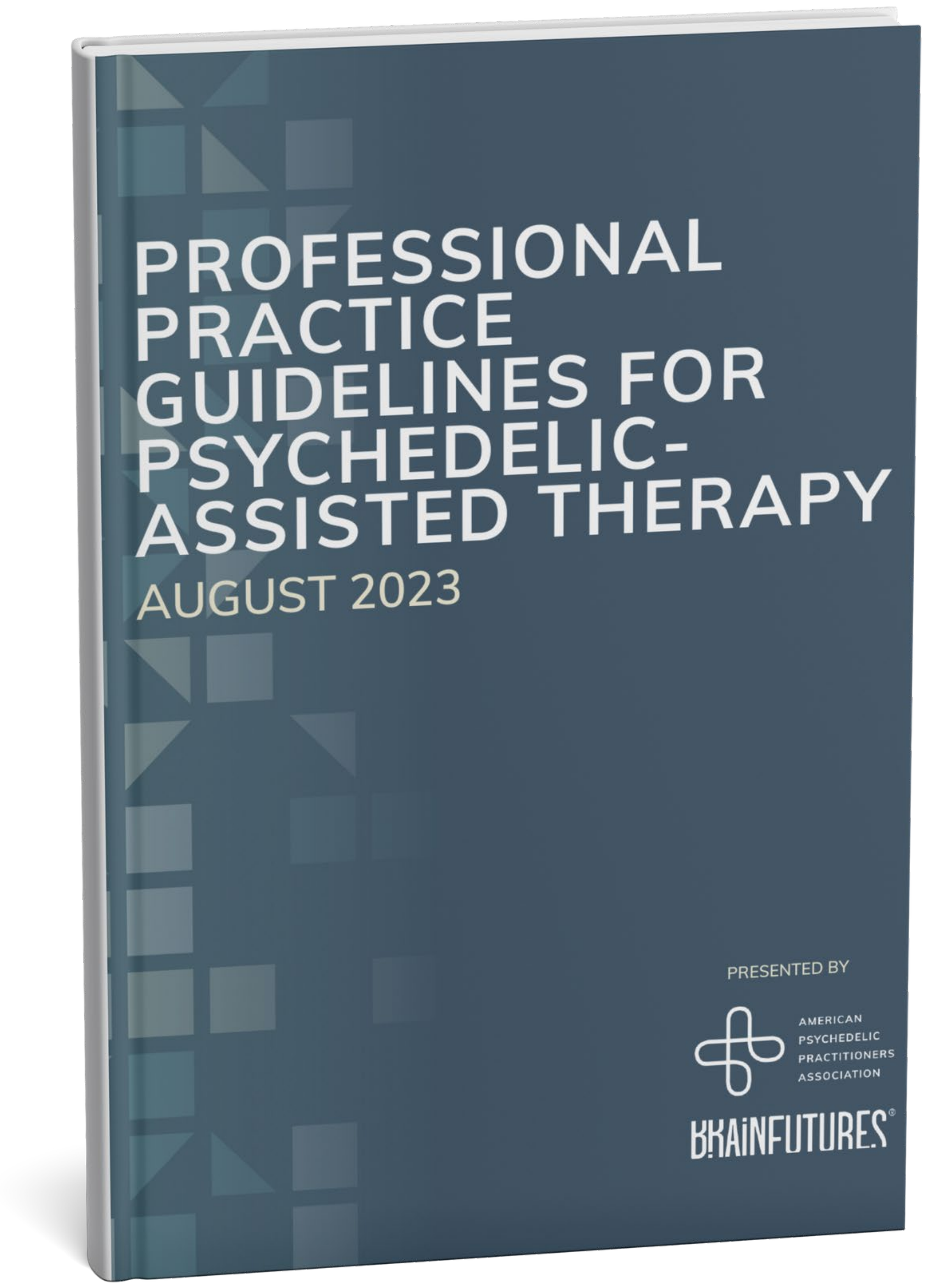
https://www.appa-us.org/standards-and-guidelines



The 2024 JAMA consensus statement identified 20 points across 5 ethical areas. These guidelines help practitioners navigate complex ethical terrain while maintaining professional standards.

1. Reparations and reciprocity, equity, and respect
2. Informed consent
3. Professional boundaries and touch
4. Personal experience
5. Gatekeeping


JAMA Network | Open

Consensus Statement | Ethics

Developing an Ethics and Policy Framework for Psychedelic Clinical Care: A Consensus Statement

Abstract

Key Points

Introduction

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https://doi.org/10.1001/jamanetworkopen.2024.14650

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- **Professional liability:** Referrals to illegal providers create legal exposure
- **Key principle:** Support client safety without recommending illegal activity
- **Alternative framing:** “Let’s explore what appeals to you about psilocybin therapy and find legal ways to address those needs”
- **Documentation:** Always record these discussions with clear boundary notes
- **Therapeutic alliance:** Maintaining relationship while staying within bounds

Self-Assessment Question

A client asks what dose of psilocybin mushrooms they should take. What is the most appropriate response?

A. You cannot provide recommendations but can educate about general dose ranges, individual variability, and the importance of starting low

B. Provide specific dose ranges based on research protocols since these represent evidence-based practice

C. Decline to provide any dose information since this would constitute facilitating illegal drug use

D. Refer the client to online psychedelic forums where they can find dosing information

Self-Assessment Question

A client asks what dose of psilocybin mushrooms they should take. What is the most appropriate response?

- **The correct answer is A.** You cannot provide recommendations but can educate about general dose ranges, individual variability, and the importance of starting low

This scenario requires balancing ethical boundaries, harm reduction principles, and legal considerations. You cannot recommend specific doses as this crosses into facilitating illegal activity. This approach provides safety-relevant information without prescriptive guidance. The distinction is between education (appropriate) and specific recommendations for illegal use ~~(inappropriate)~~.

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Support clients in developing balanced integration approaches across multiple domains (Bathje et al., 2022). Integration requires active, ongoing engagement rather than passive processing (Bathje et al., 2022; Modlin et al., 2025). Help clients establish supportive structures including dedicated time and space, community connections, and incremental practices. Address integration during preparation by reviewing resources, assessing current life balance, and identifying supportive relationships to maximize post-experience benefit.

Learning Objective 2

Apply evidence - based harm reduction interventions that respect client autonomy

Section B

Harm Reduction Without Endorsement

Self-Assessment Question

Which harm reduction strategy has the strongest evidence base for preventing adverse psychological reactions during psychedelic experiences?

A. Using psychedelics only in clinical or medical settings with professional supervision

B. Taking benzodiazepines to reduce anxiety during the experience

C. Ensuring a trusted, sober support person is present who can provide reassurance and grounding

D. Avoiding high doses and limiting experiences to microdosing levels only

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Which harm reduction strategy has the strongest evidence base for preventing adverse psychological reactions during psychedelic experiences?

- **The correct answer is C.** Ensuring a trusted, sober support person is present who can provide reassurance and grounding

Having a trained or trusted support person present represents one of the most important protective factors against adverse reactions. This person provides reassurance, physical safety, and grounding and can intervene supportively if distress arises. The quality of interpersonal support during experiences represents the strongest evidence-based harm reduction intervention.

Evidence-Based Practice

Clinicians should normalize that challenging experiences may include fear, grief, or confusion. Focus interventions on meaning-making and narrative construction, as experienced users transform frightening experiences into positive ones through post-trip integration (Palmer & Maynard, 2022). Help clients contextualize difficulty within their broader experience, as 84% ultimately report benefits despite initial distress (Carbonaro et al., 2016). Monitor for rare but serious symptoms requiring referral: persistent psychosis or suicidality.

What Is Harm Reduction?

- Meet people where they are
- Reduce harms without requiring abstinence
- Respect autonomy and dignity
- Practical, nonjudgmental approach

❗ Boundary note: You can provide harm reduction education without endorsing illegal activity

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- ✅ Testing kits and purity concerns
- ✅ Dosage considerations and potency variability
- ✅ Set and setting principles
- ✅ Trip sitter characteristics and role
- ✅ When to seek emergency help
- ✅ Drug interactions and contraindications
- ✅ Integration support after experiences

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What Reagent Tests Can Do

- Detect presence of certain substances in samples
- Help identify counterfeit pills and powders
- Provide “red flags” for unexpected substance

Critical Understanding

- Reagent tests cannot determine purity, potency, or guarantee safety
- They detect presence/absence of specific substances only
- Even "expected" results don't mean substances are safe or pure
- Always emphasize that no drug use is 100% safe

Healthcare Consideration

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Dosage and Set/Setting Essentials

- Start low, go slow principle
- Importance of trusted, sober trip sitter
- Safe, comfortable environment
- No mixing substances
- Phone access for emergencies

Healthcare Consideration

When clients are exploring psychedelics, suggest gradual dose escalation. Beginning with lower or threshold doses allows clients to assess their individual sensitivity, identify adverse reactions in a manageable context, and build familiarity with altered states. This approach is particularly important for clients with unknown tolerance, those using substances from unregulated sources, or those with risk factors like family psychiatric history.

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Section D

Case Study 2

Case Study: Michelle

Michelle, 26, has been your client for generalized anxiety for 4 months. Three weeks ago, she tried psilocybin mushrooms for the first time with a dose she describes as “pretty strong.” During the experience, she realized that her anxiety stems from never feeling "good enough" for her highly critical mother and that she's been living her mother's dreams rather than her own. She's since quit the finance job she hated, told her mother she’s “spiritually awake now,” and watches videos by yoga and wellness influencers. Her parents are devastated and angry. Her friends think she's having a crisis and making reckless decisions. Michelle feels more authentic than ever but also terrified. She has no income, her family isn't speaking to her, and she's questioning everything about her life. She oscillates between feeling liberated and feeling like she's made catastrophic mistakes.

Case Study: Michelle

1. How do you help Michelle evaluate whether these major life changes represent genuine growth or destabilized decision-making?
2. What integration support does Michelle need to process and stabilize after this intense experience?
3. How do you work with the anxiety that's intensifying around the consequences of her decisions?

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1. This requires careful, nondirective exploration rather than judging her decisions as "good" or "bad." Explore: What was her decision-making process for each change? Did she consider intermediate steps? What financial planning did she do before quitting? What communication happened with family? The goal isn't to undo changes but to understand her process and assess what additional steps might bring stability. Some decisions may reflect authentic growth; others may have been made in an inspired but not fully grounded state. Both can be true. Help her develop a framework for evaluating her choices going forward.
2. Integration support should include (a) helping her distinguish enduring insights from temporary euphoria—which realizations still feel true weeks later?; (b) developing concrete plans to address the practical instability her changes created; (c) processing the experience narrative—what happened during the trip, what emerged, what felt significant; (d) exploring how to maintain the positive growth (authenticity, self-awareness, value alignment) while building needed stability; (e) considering whether other life changes are needed and how to approach them more gradually; (f) connecting her with community—other people navigating similar integration, support systems beyond her family. Integration isn't about validating or invalidating her changes but helping her find sustainable ways to embody insights.
3. Her anxiety makes sense—she's simultaneously excited about authentic living and terrified about consequences. Normalize that integration often involves this tension between expansion (new possibilities) and contraction (practical fears). Work with anxiety through grounding techniques when overwhelmed, breaking large uncertainties into manageable steps, distinguishing between realistic concerns requiring action plans (finances, school logistics) and catastrophic thinking, rebuilding some structure and routine even amid transition, and recognizing that living more authentically doesn't mean eliminating all anxiety—some anxiety is an appropriate response to real uncertainty. Help her find the middle path between the rigid anxiety-driven life she left and chaotic anxiety-provoking instability.

Summary and Closing

Maintaining Ethical Boundaries

✅ You CAN

- Process experiences that already occurred
- Provide education about safety and harm reduction
- Support meaning-making and behavioral change
- Refer to legal psychedelic services when appropriate

❌ You CANNOT

- Facilitate illegal psychedelic experiences
- Recommend specific doses or sources for illegal substances
- Sit for clients during illegal experiences (even if not charging)
- Coordinate underground psychedelic sessions

Boundary Notes

1. As behavioral health professionals, we honor these traditions while recognizing our role is distinct from traditional ritual contexts
2. You'll encounter clients using these both in legal therapeutic contexts AND outside them
3. You provide psychoeducation about legal status; you are not providing legal advice
4. Your role isn't to judge or endorse but to understand the reality of how clients access these substances so you can provide appropriate support and harm reduction
5. You can provide harm reduction education without endorsing illegal activity

Key Takeaways

- You can support clients who use psychedelics without being a specialist
- Harm reduction respects autonomy while maintaining boundaries
- Assessment and safety screening are within your scope
- Documentation and consultation are your friends
- Ongoing learning is essential in this evolving field

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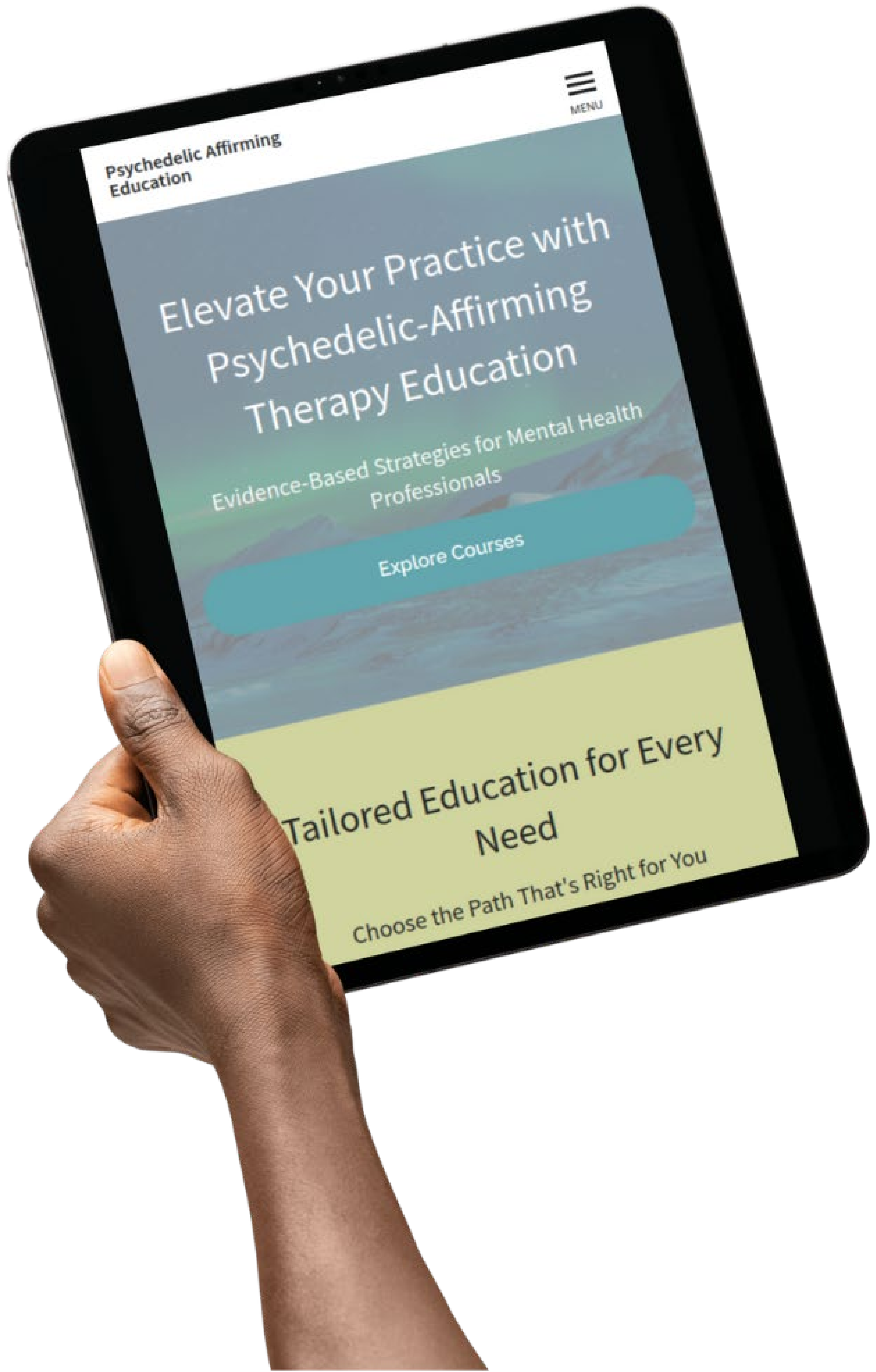

Dr. Peter H. Addy

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Cours e Offerings

https://www.psychedelicaffirmingeducation.com

- Professional continuing education for mental health clinicians
- Psychedelic preparation courses for individuals planning legal experiences within 90 days

Thank You

Ethical Psychedelic Support Starts Here

- Your commitment to learning evidence - based approaches to psychedelic support makes a difference.
- Together, we can reduce harm, support healing, and maintain the highest professional standards.
- The field needs informed, ethical practitioners like you.

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