

Oregon Psilocybin Services Client Guide

[PLEASE FIND OUR UPDATED GUIDE 2025 GUIDE HERE](#)

The Oregon Psilocybin Services Client Guide is an introduction to Oregon's state-regulated psilocybin services program. It has been compiled by the Healing Advocacy Fund (HAF) in partnership with members of our Safety Committee, a group of wide ranging subject matter experts that advise our organization, and additional experts and stakeholders. This guide has been designed for individuals interested in accessing psilocybin services. It contains information on the basics of the Oregon program, understanding the limits of psilocybin usage and adverse events, mental health, family history, and medical considerations, resources to find and assess service centers and facilitators, and more.

The Oregon Health Authority (OHA) is the state agency responsible for licensing and regulating psilocybin services. We recommend that anyone seeking psilocybin services visit the [Oregon Psilocybin Services \(OPS\) Website](#), a section established within the OHA to focus on implementation of this program/law. It provides a wealth of [information for clients](#) including the client bill of rights, consent forms, and a [complaint form](#) if clients feel their rights or the program rules have been violated (which will be investigated by OPS).

Disclaimer for Legal and Medical Information

The Psilocybin Services Guide and the information on this website is for general information purposes only. The information on this website is not legal or medical advice, and it is not a substitute for the advice of an attorney or a medical professional.

The content provided in the Psilocybin Services Guide is not a substitute for professional legal or medical advice, diagnosis, or treatment. Always seek the advice of your physician or another qualified health provider with any questions you may have regarding a medical or mental health condition or treatment. Never disregard professional medical advice or delay seeking it based on anything you have read in this Guide. Similarly, any legal information provided here is general in nature and should not be taken as legal advice. Additionally, the information contained herein is not guaranteed to be up to date. As a result, the information contained on this Guide and website cannot replace the advice of competent legal counsel licensed in your state. Always consult with an attorney for any legal questions or concerns.

Any reliance on the information on the Healing Advocacy Fund's website is strictly at your own risk. The Healing Advocacy Fund disclaims all liability for actions taken or not taken based on the content of this site.

Contents:

An Introduction to Oregon’s Psilocybin Program..... 3

Glossary of Terms.....3

Psilocybin 101.....4

How the Oregon Psilocybin Program Works..... 4

**Considerations for Taking Psilocybin: Expectations, Medical, Family,
and Mental Health History, and Adverse Events.....6**

Setting Realistic Expectations and Understanding the Limits of Psilocybin..... 6

Adverse Events and What To Know..... 7

Mental Health, Family History, and Medical Considerations..... 9

Find a Medical and/or Mental Health Provider Familiar with Psilocybin..... 10

How to Find and What to Look for in a Licensed Service Center and Facilitator in Oregon..... 12

Finding a Service Center and Facilitator, Cost, and What to Look For 12

Client Safety and Questions to Discuss with a Prospective Licensed
Psilocybin Facilitator in Oregon..... 14

10 Warning Signs When Selecting a Licensed Psilocybin Facilitator in Oregon..... 21

Contributors.....28

Appendix..... 29

An Introduction to Oregon's Psilocybin Program

Glossary of Terms

Here are definitions for terms that will be used throughout this guide:

- **Psilocybin facilitators** - Individuals licensed by the state who will oversee clients prior, during, and after administration of psilocybin services.
- **Training schools** - State licensed programs that provide curriculum and practicum experience for facilitators.
- **Psilocybin service centers** - State licensed facilities where psilocybin administration sessions occur.
- **Manufacturers** - State licensed producers of psilocybin mushrooms.
- **Testing labs** - State licensed labs which test product quality and potency.
- **Oregon Health Authority (OHA)** - The state agency tasked with oversight and implementing of psilocybin services.
- **Oregon Psilocybin Services (OPS)** - The section within the Oregon Health Authority specifically set up to focus on the implementation of psilocybin services.
- **Set and setting** - "Set" is the mindset of an individual including one's history, personality, and intentions going into a psilocybin experience. "Setting" is the physical and social environment in which the experience occurs.
- **Adverse Event** - Any adverse reaction during or after a psychedelic experience requiring psychiatric, medical, or psychological care.
- **Post-Session Reaction** - As defined by the OHA "means a medical or behavioral reaction occurring within 72 hours of the client's release from an administration session that was likely related to psilocybin consumption and resulted in contacting emergency services or the client receiving care from a medical care provider."
- **Psilocybin Services** - Refers to the process set up by the Oregon Health Authority for the delivery of psilocybin which includes preparation, administration, and integration sessions.
 - + **Preparation Session:** The client meets with a licensed facilitator for a preparation session.
 - + **Administration Session:** The client consumes the product at the service center and begins their session with a licensed facilitator.
 - + **Integration Session:** The client can take part in an optional session to follow up with a licensed facilitator and learn about additional peer support and other resources.

Psilocybin 101

Psilocybin is a naturally occurring psychedelic compound found in over 200 species of fungi (mushrooms). When ingested, psilocybin may elicit transformative experiences. Those experiences may impact your attitudes, beliefs, personality and how you relate to others and the world around you. It is important to be prepared and informed when planning a psilocybin experience. These experiences can be powerful, but for some individuals they can also potentially be destabilizing.

Rigorous studies at leading **medical research institutions** such as Johns Hopkins University, University of California, Los Angeles, University of Alabama, and New York University show that psilocybin can be effective, and provides real promise for those suffering from depression, end-of-life anxiety, and addiction. Psilocybin shows so much promise that the FDA recently granted it a “breakthrough therapy” designation—meaning that it may demonstrate substantial improvement above and beyond what’s currently available to address mental health issues. The Oregon program is based on this growing body of research. Learn more about the [research on psilocybin here](#).

How the Oregon Psilocybin Program Works

In 2020, Oregon voters approved a [ballot measure \(Measure 109\)](#) to create the world’s first state-regulated psilocybin program to improve the physical, mental, and social well-being of all people. The measure required that the Oregon Health Authority (OHA) create a licensing and regulatory framework for a safe, accessible and equitable program. After a two-year rule making period (see the [final rules here](#)), licensed service centers are now open and providing psilocybin services to clients in Oregon.

Psilocybin services are only delivered in licensed service centers, under the supervision of a trained facilitator, and psilocybin can only be consumed in the service center during that supervised session. There are no retail sales, no off-site consumption, possession, or production of psilocybin (outside of licensed manufacturers).

Preliminary Safety Assessment

Oregon’s psilocybin program is designed to maximize safety and promote mental health, which is why the first step in the process is a health and safety screening. The [Client Intake Form](#) provides information to the facilitator about the client’s physical and mental health characteristics, use of medications and social-emotional health. In a few cases, clients may be ruled out from participating until a particular health issue is resolved.

There are **three things that exclude someone** from being able to access psilocybin services including:

- 1) Having used the prescription drug Lithium in the past 30 days,
- 2) Having thoughts of causing harm, or wanting to cause harm, to self or others, and
- 3) Having been diagnosed with active psychosis or treated for active psychosis.

Additionally, there are some mental health, family history, and medical considerations (see page 9) that may not necessarily exclude someone from participation, but that may warrant potential clients reaching out to trained experts for further discussion. Visit the OHA's website for more information for clients and to see their Client Intake Form.

Three Step Process

Once a facilitator has determined a client may participate in the program and that they are a good fit to provide services to the client, the three-step process begins.

STEP ONE: PREPARATION SESSION

The preparation session is a meeting between client and facilitator to discuss the client's intentions for a psilocybin session. An example could be addressing addiction or needing help with depression or anxiety. It's important to note that while clients may come in with previous diagnoses they wish to address, facilitators are not allowed to make diagnoses, since it is outside their legal scope of practice. Facilitators will use the session to address the 'set' portion of the classic 'set and setting' approach to psychedelic therapy: assessing the mindset of the client and helping them achieve clarity on the issues they wish to address. Preparation also includes a safety and support plan created between the client and the facilitator to ensure that there are resources available to support clients on issues that may arise during the session.

STEP TWO: ADMINISTRATION SESSION

While facilitators and service centers will vary slightly in their physical environments and approach, the majority of psilocybin sessions will contain common elements such as resting on a comfortable chair or recliner in a room with lights that can be dimmed and distractions minimized. Some may be more of a retreat-like environment. A client might use headphones or wear eye shades and use comfort items like weighted blankets.

After the client consumes the psilocybin, the client remains under the constant supervision of their trained facilitator for up to 6 hours, or until it is safe for the client to leave. Depending on the client, the administration session may be a quiet, internal process or something more emotional.

STEP THREE: INTEGRATION SESSION

Studies show that people who discuss how to integrate insights gained during the administration session afterwards report better well-being. An optional integration session must be offered to all clients accessing psilocybin services within the first 72 after their session. The actual integration sessions are usually held a few days to a few weeks after the administration session.

Considerations for Taking Psilocybin: Expectations, Medical, Family, and Mental Health History, and Adverse Events

Setting Realistic Expectations and Understanding the Limits of Psilocybin

Research has shown that psilocybin can be incredibly beneficial but it is not for everyone. Here are some key things to keep in mind:

- **Individual Responses Vary:** Psilocybin affects individuals differently, and experiences can range from profound insights to more challenging emotional journeys. There is no one-size-fits-all outcome.
- **Not a Cure-All:** While psilocybin has shown promise in various therapeutic contexts, it is not a guaranteed cure for mental health issues or life challenges. It has not yet been approved by the FDA to treat any medical or mental health condition. Realizing benefits requires commitment and ongoing efforts towards personal growth.
- **Context Matters:** The setting for your session, the mindset you have when you enter a session, and the support you receive during the experience may play a significant role in shaping the outcome. A safe and supportive environment is crucial.
- **Potential Emotional Intensity:** Psilocybin can bring intense emotions to the surface. It's essential to be prepared for the possibility of confronting difficult feelings during the session.
- **Challenging Experiences:** Some individuals may have challenging or distressing thoughts and emotions during the experience, which in rare cases may persist following the psilocybin session. These may include intense grief, sadness, anxiety, or fear of dying. This is not uncommon, but can often be navigated with proper support.
- **Personal Integration:** The real work often happens after the psilocybin experience. Integrating insights gained during the session into everyday life is a crucial part of the process.
- **Not for Everyone:** Psilocybin experiences may not be suitable for individuals with certain medical conditions, a history of psychosis, or those on specific medications. Professional screening is vital.
- **Ongoing Research:** Despite promising early findings, the scientific understanding of psilocybin is still evolving. Hopefully, additional research will provide even more information on how psilocybin therapy works and may provide increased knowledge on the most effective uses for professional practitioners and clients.
- **Non-responders:** For some people, there is a potential for a non-response to psilocybin—experiencing little to no effect from a dose.
- **Related experience:** If you have had a challenging experience with cannabis or other psychedelics, there is an increased possibility that you may also have a challenging experience during your psilocybin session.

Adverse Events and What To Know

Adverse events can happen with the use of any substance. The FDA describes an adverse event as “any untoward medical occurrence associated with the use of a drug in humans, whether or not considered drug related.” While psilocybin is generally considered safe when compared to other substances, there is a possibility of adverse events including, but not limited to, those listed below. Always contact your health professionals with any concerns. We highly encourage clients who experience adverse events post-session to notify the service center and facilitator, and anonymously report your adverse event with [Open Psychedelic Evaluation Nexus’s Adverse Events Portal](#).

Common/ Frequent

Individuals MAY experience these symptoms, with low-moderate severity. All (typically) resolve after the drug is metabolized or after 24 hours.

- Elevated heart rate and/or blood pressure.
- Anxiety, confusion, fear, paranoia.
- Challenging emotions.
- Headaches, nausea, vomiting.
- Fatigue and/or insomnia.
- Coordination impairment.
- Loss of bladder control.
- Sleep disturbances,
- Feeling disconnected socially or to your surroundings,,
- Existential confusion,
- Unable to regulate one’s body temperature (e.g. feeling overly cold).

Less-Common/Infrequent

Individuals MAY experience these symptoms, with moderate-high severity. People with certain psychiatric or medical histories could be at higher risk. Medical or psychiatric intervention may be necessary in some/rare instances.

- Markedly elevated blood pressure that can lead to organ injury (hypertensive crisis).
- Activation of subconscious psychological material.
- Psychosis of short duration (lasting less than 24 hours), or of long duration (lasting longer than 48 hours).
- Anxiety, depression, mania, psychosis, and/or perceptual disturbances lasting longer than 24 hours.
- Increased thoughts of self-harm, suicidal ideation, or attempt.

These adverse events can occur more frequently for people with a previous history of any of these conditions.

Uncommon/Rare

Individuals are very unlikely to experience the following symptoms, however, due to the lack of research and FDA recommendation, they should be included:

- Hallucinogen Persisting Perception Disorder: re-experiencing of one or more perceptual symptoms experienced while intoxicated (e.g., visual hallucinations, false perceptions of peripheral movement, color distortions).
- Serotonin Toxicity, which is the excessive build-up of serotonin in the system. Symptoms include elevated temperature, confusion, muscle stiffness, twitching or jerking movements, extreme and fluctuating vital signs, agitation or comatose mental state, muscle rigidity, pronounced hyperthermia (fever), and/or seizure activity. This is very unlikely due to psilocybin's mechanism of action on the serotonin system, but could happen due to other factors such as medication interactions.
- Long term heart damage. There is theoretical concern that long-term, repetitive use of psilocybin (even microdosing), could cause damage to your heart valves. More research is indicated to better understand this risk.

See [Appendix C](#) for references for the Adverse Events section.

Supportive Factors

Research has shown that the following factors seem to help mitigate potential harms, and increase the likelihood of benefit from psilocybin, both during and following the experience:

- Having supportive family or friends available around the time of your psilocybin experience.
- Developing a contemplative/meditation/journaling practice to help prepare for the experience and for ongoing integration.
- Ensuring that you have time to process your psilocybin experience in the days following your session.
- Having ongoing therapeutic support available is not necessary but may be supportive.

Reporting Adverse Events

Understanding adverse events is critical to strengthening program safety. If you have a medical or behavioral reaction after your administration session that was likely related to psilocybin consumption and resulted in contacting emergency services or the receiving care from a medical care provider, **we highly encourage you to contact your facilitator and the service center.** If the reaction happened within 72 hours after an administration session and is reported, anonymous information on the report will go to the OHA to help strengthen safety protocols.

Additionally, the Open Psychedelic Evaluation Nexus (OPEN) has an [Adverse Events Portal](#) where anyone (including clients) can anonymously report adverse events related to psilocybin use in Oregon.

Mental Health, Family History, and Medical Considerations

Psilocybin is not yet an FDA-approved medication and hasn't been subject to as much research and scrutiny as many other approved medications. Despite generations of Indigenous, ceremonial and underground use and existing clinical research, there are some known risks and potential additional risks of which we may not be aware. Outlined below are *some* mental health and medical conditions and family history considerations, and there may be others not included in this list. This is not medical advice and we recommend that each client reach out to a trained mental health or medical professional with any questions.

Psilocybin experiences can be transformative. They may change personal attitudes, beliefs, or personality, and how you relate to others and the world around you. Experiences this powerful can potentially be destabilizing. It is important to examine resources and to be prepared when planning a psilocybin experience. If you are having a medical or mental health crisis, you should wait until your situation is more stable before considering a psychedelic experience. Destabilizing experiences could precipitate mania, psychosis or suicidality. This may be more likely if you have been diagnosed with or suspect that you may have certain mental health conditions.

Certain conditions and events in your **family history** could affect your safety and risks from a psilocybin experience as well. It is important to seek advice from a health professional if your family history includes any of the following: **schizophrenia, bipolar disorder, any psychotic or dissociative disorder, or a history of suicide** (see Appendix A for information).

In addition to the potential for an intense psychological experience, psilocybin can have **physical effects** such as increased heart rate and blood pressure, much like that experienced during mild to moderate exercise. This could pose a challenge to those with more sensitive health conditions. It is also important to discuss with your provider the timing of this experience that would be best for you. If you have any of the following medical conditions listed in Appendix B on page 30, you should speak with a medical provider for advice prior to accessing psilocybin services or seek out a service center that provides medical consultation.

Psilocybin can potentially interact with certain medications and nutritional supplements. If you are taking **any psychiatric medications**, you should speak with a medical provider for advice prior to accessing psilocybin services. There are special concerns about combining psilocybin with **Lithium and serotonergic medications** (e.g. drug classes including SSRI, SNRI, SPARI, TCA, MAO inhibitors, and Trazodone). These interactions could cause serious harm, including seizures and serotonin syndrome. You may bring a support person to the service center to assist with any medications or medical devices that must be utilized during a psilocybin session.

Find a Medical and/or Mental Health Provider Familiar with Psilocybin

Not all medical and mental health providers have been trained to assess safety and risks related to a psilocybin experience. The following individuals and clinics may be helpful to find appropriate consultation when needed. *The providers listed here are purely for information purposes and not an endorsement by HAF.* If you'd like to be added to this list, please contact us (info@healingadvocacyfund.org).

Individual Providers:

Alicia Bigelow, ND — Portland, OR (Telehealth only) <https://righttoheal.com/>

Ashlie Hempstead, ND — Portland, OR (Telehealth available) <https://www.arcandcoil.com/>

Benjamin Malcom, PharmaD, MPH — <https://www.spiritpharmacist.com/>

Erica Zelfand, ND - Portland, OR (Telehealth only) <https://righttoheal.com/>

Ian Luepker, ND — Ashland, OR (Telehealth available) <http://www.ashlandcm.com/>

Georgiana Cullen-Kurney, ND — Portland, OR (Telehealth only) <https://righttoheal.com/>

Matthew Hicks, ND — Portland, OR (Telehealth available) <https://www.synaptic.care/>

Olivia Giguere, ND — Portland, OR (Telehealth available) <https://www.synaptic.care/>

Sara Sentell, ND, Lac. — Portland, OR (Telehealth available) <http://www.therenclinic.com/>

Sarah Paul, PHNMP — Tigard, OR (Telehealth available) <https://vitellariawellness.com/>

Organizations:

Penumbra Psychedelic - Penumbra is available for *facilitators, guides, clinicians, and all healers working with psychedelic medicines* for expert guidance on challenging client cases, managing interpersonal dynamics, discussing medical/psychiatric risks, and general advice. *They do not see individual clients.* Dr. Aryan Sarparast answers consulting questions related to risks between psilocybin and lithium, when to taper an SSRI, how to navigate medical comorbidities, and cardiac risks related to microdosing, as well as other topics. To connect with Penumbra, email: penumbrahealing@proton.me. Dr. Aryan Sarparast provides consultation harm-reduction appointments through OHSU's Psilocybin Education & Assessment Clinic for Excellence (PEACE).

The OHSU Psilocybin Education and Assessment Clinic for Excellence (PEACE) provides virtual consultation services to patients who have used or intend to use psilocybin by providing education on the harms and benefits of psilocybin according to the most up-to-date clinical research. Psilocybin is federally illegal, therefore OHSU does not provide psilocybin nor do they recommend or encourage its use. They are not a service center nor are they affiliated with any service centers, thus they do not provide referrals or connection to service centers. Prior to consultation, all patients must have read and signed the Acknowledgement of Psychiatric Assessment, Psychedelic Drug Education, and Risk Reduction (CO-5179).

All personal health information is tightly protected by OHSU's electronic records policies. To connect with OHSU PEACE, you may email Penumbra or call OHSU Psychiatry at 503-494-6176.

RESOURCE FOR PROVIDERS: GUIDANCE FOR CLINICIANS WORKING WITH PEOPLE WITH ADVANCED ILLNESS

The Healing Advocacy Fund has partnered with the Advanced Illness Coalition of Oregon which has prepared a guide for clinicians, especially those in palliative care and hospice, working with people with advanced illness who are interested in the Oregon Psilocybin Services program. You can find their resources for clinicians [available here](#).

How to Find and What to Look for in a Licensed Psilocybin Service Center and Facilitator in Oregon

Finding a Service Center and Facilitator

Psilocybin service centers and facilitators are licensed by the Oregon Health Authority (OHA) and the OHA has an “[Oregon Psilocybin Services - Licensee Directory](#)” where people can search for individuals and businesses licensed through the program. The directory is opt-in, so only licensees that want to have their information published are included. There are two ways to go about finding psilocybin service providers:

- 1) **Find a Licensed Service Center:** Search the [OHA Licensee Directory](#) to find a psilocybin service center that works for you. Service centers often have a roster of facilitators with whom they work. Some service centers will help match clients to the facilitators who may be a good match for them. Many service centers have a form available on their website for you to join their client waitlist. Waitlist times range from a few weeks to a few months depending on the service center.
- 2) **Find a Licensed Facilitator:** Clients can search the [OHA Licensee Directory](#) to find a list of facilitators, including their facilitation websites and other contact information. Some facilitators work at multiple licensed service centers, so if clients find a person that they like, they may have more than one service center option. The OHA Directory is an optional list for facilitators to be listed, so it's not a complete list. Clients may also search the internet for Oregon facilitators. Just **be sure to confirm they are licensed and remember, all facilitators must hold the administration session in a licensed service center.**

Cost

The cost for psilocybin services may vary widely depending on the selection of a service center and facilitator. Oregon psilocybin services (which includes a preparation session, an administration session, and an integration session) for an individual generally begin around \$1,000 up to several thousand dollars, depending on the service center and facilitator. Facilitators often work at different service centers that charge different rates, so be sure to compare costs.

What to Look for in a Service Center/Facilitator

Selecting the right service center and facilitator is essential to a psilocybin experience. Start your search early and take time to research options and interview different facilitators. While researching different service centers and facilitators, here are a few important things to do and consider :

- 1) First, confirm that the facilitator is licensed and that the session will be conducted at a licensed service center by asking for their license numbers and accessing the [OHA website concerning licensing](#). If the service center or facilitator doesn't have their license number on their website, be sure to ask for it.
- 2) The facilitator should have a thorough **screening and intake process**. The OHA sets the baseline to determine who is allowed to participate in the program. Individual service centers and facilitators may

have additional criteria and requirements for clients to determine who they are willing to accept related to physical and mental health. Psilocybin is not right for everyone, and facilitators and service centers are not required to accept clients who do not meet their full screening guidelines.

- 3) The facilitator and/or service center may require clients to have **additional mental health or medical screening** if they identify a possible risk factor in your records, or during your preparation session that may be an issue with psilocybin. This demonstrates caution and care.
- 4) The facilitator may discuss your medication list and consult with a professional if they are unsure how the medications you are taking may impact you during your session and what possible contraindications. If you are taking a SSRI medication, they can also discuss the possibility of a reduced or 'no effect' experience during your psilocybin experience.
- 5) Facilitators that know the limits **of their training and will work closely with clients to determine** whether or not they are the right 'fit' for one another.
- 6) All facilitators will have the same base level of training required by the OHA. Some service centers will have more required health related training such as CPR training, or require specific training on medical devices like defibrillators for use on site. Some facilitators may have additional types of training and licensure. Make sure that their training and experience level fits your needs. This is very important if you have any level of trauma or PTSD / C-PTSD.
- 7) The facilitator's **experience should appear to be appropriately aligned with your motivation** for seeking services (i.e., if you want to reduce anxiety related to a trauma, you might look for a facilitator with a different skill set than someone wanting to deepen their spiritual connection). Facilitators **know the limits** of their experience and practice, and will work closely with clients to determine whether or not they are the right 'fit' for you.
- 8) The facilitator **communicates and educates clients on program rules** and provides information on informed consent, the client bill of rights, and explains the non-directive approach of facilitators (i.e. supportive, but not talk therapy).
- 9) The facilitator explains in the preparation session the process you need to follow when making a complaint to the OHA, should you feel that's necessary. This is required by the OHA rules.
- 10) The facilitator helps you set **realistic expectations** and won't make promises on what will happen in the session. Psilocybin is not a "cure all."
- 11) The facilitator emphasizes not only the administration session, but the **importance of preparation** prior to the session and **integration following the session**.
- 12) The **facilitator is humble** about their role in the process as a guide, and does not say they will "fix" or "heal" you. They do not claim to be a "shaman."
- 13) You **trust the facilitator and feel comfortable with their interaction with you**, and sense that they will be a **non-judgmental, grounding person** to help you in your experience.
- 14) You **feel confident** in your decision to move forward with this person and expect that your confidence will be reinforced through every step in the process.

Client Safety and Questions to Discuss with a Prospective Licensed Psilocybin Facilitator in Oregon

By creating an aboveground, state-regulated, program in Oregon, multiple safeguards have been established to protect client safety including:

- A requirement that facilitators graduate from a licensed training program, pass a background check, and pass a state exam
- Strict rules around the use of support touch and facilitator conduct
- A Client Bill of Rights and an Informed Consent form
- Requirements for service centers to have emergency plans and rules framing “Duty to Contact Emergency Services” procedures
- The ability to register a complaint with the OHA for any violation of the rules

Nevertheless, neither the use of this guide nor its accompanying questions guarantee a safe or positive psilocybin experience. You should use extreme caution, care, and diligence before entrusting someone with the privilege of supporting you during a psilocybin experience. The Oregon state-regulated program has put many safeguards in place, but even if no warning signs are present, a facilitator may still engage in unethical, inappropriate, fraudulent, or abusive behavior.

To accompany our “10 Warning Signs When Selecting a Psilocybin Facilitator,” we’ve put together a list of questions for discussion with a prospective psilocybin facilitator. These questions may literally be read aloud, question by question, as you evaluate your prospective facilitator.

Take notes during the conversation and discuss the responses with a trusted and knowledgeable friend. If your facilitator refuses to discuss these questions with you, or if their responses are vague, evasive, or questionable, this may be a cause for concern in deciding whether you want to pursue them as a facilitator. **Any ethical facilitator should actively welcome these questions.** After discussing these questions with your facilitator, conduct follow-up research. As you go through this process, trust your intuition. If something feels off, it probably is.

Disclaimer

The information in this resource, and the resource “10 Warning Signs When Selecting a Licensed Psilocybin Facilitator in Oregon” have been adapted by the Healing Advocacy Fund as an additional resource, with permission and in partnership from original materials created by Joshua White (Fireside Project) and Juliana Mulligan (Inner Vision Ibogaine), to include information on Oregon’s state regulated psilocybin program. Original materials can be found [here](#).

This is a harm reduction resource only. Voters in the state of Oregon have legalized the use of psilocybin services in licensed service centers with licensed facilitators, but psilocybin still remains illegal at the federal level. These principles are intended for the use of people who have already made the decision to have a guided psilocybin experience and are seeking the services of a licensed psilocybin facilitator as part of the state-regulated program in Oregon.

Touching Clients During a Psilocybin Experiences

What are your views about touching a client during a psilocybin experience? Will you respect my decision 100% if I decide on “no touch” other than in the case of an emergency? Do you believe that it is ever appropriate to touch a client on or around their genitals or breasts during a psilocybin experience? Have you ever done so? In your view, is it ever acceptable to have sexual contact with a client during a psilocybin experience, even if they initiate the contact?

RATIONALE FOR THE QUESTIONS + ANSWERS THAT MAY RAISE RED FLAGS

A facilitator should never touch you without your consent. It is never appropriate for a facilitator to touch your genitals or breasts or otherwise have sexual contact with you during a psychedelic experience, even if you initiate the contact.

In the Oregon psilocybin program rules for facilitator conduct state that “facilitators may provide supportive touch during administration sessions when requested by the client and with the client’s prior written consent. Supportive touch is limited to hugs or placing hands on a client’s hands, feet or shoulders. A facilitator shall not use any other forms of touch, nor permit another person to use any other form of touch during an administration session.” Any other touch outside of this is not only inappropriate, but it is a violation of the Oregon rules.

How can I indicate to you what forms of touch are okay with me? Can I withdraw my consent around touch once the administration session has started?

RATIONALE FOR THE QUESTIONS + ANSWERS THAT MAY RAISE RED FLAGS

Your facilitator should be knowledgeable of the rules for the Oregon program. Psilocybin facilitators are required to discuss acceptable types of supportive touch (hugs, or placing their hands on the client’s hands, feet, or shoulder) with a client, and facilitators may not use touch without a client’s prior written consent. This should be discussed during your preparation session. Supportive touch may only be used when requested by the client, and the client can change their mind about pre-session consent for touch at any time. It’s also important to be explicit before the session starts about what level of touch is permissible by you, e.g. hand holding, light touches on shoulders or feet.

Sexual Experiences with Clients

Have you ever begun, or tried to begin, a sexual relationship with a client after you facilitated a psychedelic experience for them? Have you ever had sexual contact with a client? (By “ever,” I mean ever — whether days, months, or years later).

RATIONALE FOR THE QUESTIONS + ANSWERS THAT MAY RAISE RED FLAGS

The Oregon rules forbid a facilitator from having a romantic, sexual relationship, or sexual intimacy with clients or their immediate family members for one year after their last psilocybin session (see: [Facilitator Conduct](#)). Many people in the psychedelic arena believe that it is never appropriate for a facilitator to have a sexual relationship with a client, no matter how long after the psychedelic experience, even if the client initiated the experience.

Training and Being Trauma-Informed

How long have you been a facilitator? How many psychedelic and specifically psilocybin experiences have you facilitated? Have you previously facilitated a session using the same size dosage you are recommending to me? Can you tell me about your training and coursework to become a psilocybin facilitator? Where and with whom have you studied? What do you feel your scope of practice is?

RATIONALE FOR THE QUESTIONS + ANSWERS THAT MAY RAISE RED FLAGS

As in other professions, more experience can—but does not always—mean more skill and more wisdom. All licensed psilocybin facilitators in Oregon are required to complete 120 hours of coursework, along with 40 hours of practicum training. For some individuals, this is the total of their training experience. Others may have degrees or certificates from other training programs or bring experience from other areas of work. It is certainly worth having an understanding of the person’s background, training process and their experience within their scope of practice.

Have you had training about facilitating in a trauma-informed way? What was the training? Have you worked with someone before who is dealing with what I am? What does being trauma-informed mean to you? Are you currently supervised or being mentored? By whom? Do you have a protocol or process if unresolved trauma or repressed memories come up during our session?

RATIONALE FOR THE QUESTIONS + ANSWERS THAT MAY RAISE RED FLAGS

Psilocybin often causes unresolved trauma to come to the surface of your consciousness. It is therefore imperative that your facilitator be trauma-informed. Even if they aren’t clinicians, they should have done some type of trauma-informed training and understand how adverse childhood experiences might affect a person’s behaviors and beliefs. The training requirements for facilitators outlined by the OHA offer a baseline, but it’s important to find a facilitator with a depth of experience and training for the types of issues that may come up for you.

If you, as the client, identify as a person of color and/or LGBTQIA+, consider asking these questions: what if any training have you received to understand the types of traumas that people with identities similar to mine have experienced? How much experience do you have supporting people with identities like mine? What kind of feedback did you receive from those clients?

RATIONALE FOR THE QUESTIONS + ANSWERS THAT MAY RAISE RED FLAGS

If you are a person of color and/or you identify as LGBTQIA+, your facilitator should have substantial training and experience supporting people with similar identities and working with the types of traumas that people with those identities often experience. Regardless, you may feel more comfortable working with a facilitator who shares aspects of your identity.

Plans for Adverse Events

[Note: An adverse event is any adverse reaction during or after a psychedelic experience requiring psychiatric, medical, or psychological care. Examples include suicidal ideation, suicidality, panic attacks, Hallucinogen Persisting Perception Disorder (HPPD), toxicity, psychotic episodes, overdose, cardiovascular disease, hypertension, and others.]

How many adverse events have occurred for someone for whom you've been facilitating, including adverse events that occurred during the integration process? For each of them, tell me: when did they happen, why do you believe they happened, what if anything did you learn as a result, what if any changes did you make to your procedures afterwards, and do you believe those changes have been effective? What is your plan or protocol if I am moderately or severely destabilized after our session? Do you have a back-up facilitator or therapist who handles people who have been destabilized?

RATIONALE FOR THE QUESTIONS + ANSWERS THAT MAY RAISE RED FLAGS

If an adverse event does happen, that by itself does not mean that your prospective facilitator is inept or unethical, but a refusal or reluctance to talk about them or to explain plans to reduce their likelihood should cause concern. An experienced facilitator who claims that no adverse events have ever occurred on their watch should be regarded with suspicion. It's also important to know what plan the facilitator has if you are going through a rough time after a session.

It's possible that individuals can experience a mental health crisis after a psilocybin experience and we recommend potential clients discuss their current mental health status with a licensed mental health professional prior to searching for a psilocybin facilitator.

What happens if I need emergency medical attention during or after my administration session? How did you formulate this plan? Has this plan been vetted by any medical professional? If not, why not?

RATIONALE FOR THE QUESTIONS + ANSWERS THAT MAY RAISE RED FLAGS

A variety of emergencies could arise during and after a psilocybin journey. Licensed psilocybin facilitators in Oregon are required to work with their client to complete a client safety and support plan and they have a duty to contact emergency services if your safety, or the safety of anyone on the premises is at risk after making a reasonable effort to resolve the activity or conditions. Your facilitator should work with you to develop a detailed plan indicating how they would respond, and be willing to share that plan with you. As you listen to it or read it, think through the plan's thoroughness and likely effectiveness.

Disciplinary and Legal History

Do you have any licenses or certifications outside of your psilocybin services facilitation license? Which ones? From which licensing authorities and in which states do you hold those licenses?

RATIONALE FOR THE QUESTIONS + ANSWERS THAT MAY RAISE RED FLAGS

Some facilitators may be licensed professionals such as therapists, doctors, nurses, massage therapists, social workers, etc. Many of these professionals must maintain active licenses, and their licensing authorities keep databases—some of which are available online—and may include sustained allegations of misconduct. Prospective clients should look up the licensing boards and check to see whether the facilitator is in good standing before deciding on a facilitator.

Have you ever been sued? When, by whom, and in which jurisdiction? Who were all the parties? What was the result? What was the nature of the allegations? How did the lawsuit resolve?

RATIONALE FOR THE QUESTIONS + ANSWERS THAT MAY RAISE RED FLAGS

Lawsuits may contain allegations that someone has acted in an unethical, illegal, and/or fraudulent way. This can be important information in helping you evaluate a prospective facilitator. Many court systems contain searchable databases for current and past lawsuits. If your facilitator has been involved in any lawsuits, see what you can learn about their legal history. If your facilitator has been sued and describes the allegations to you, cross check what they tell you against what court documents say.

Have you ever been mentioned in an article, book, podcast, or online forum about inappropriate behavior related to a psychedelic experience? If so, please tell me all of them.

RATIONALE FOR THE QUESTIONS + ANSWERS THAT MAY RAISE RED FLAGS

Even if a person has not been arrested or sued, there may be publicly available information about them that may shed light on their fitness to be your prospective facilitator.

Apart from police reports or lawsuits, have you ever had a client accuse you of inappropriately touching them? What specifically was the accusation? How did you respond? How did it resolve? Do you have any documentation regarding that resolution?

Complaints related to any aspect of the Oregon Psilocybin Program, including facilitator conduct, may be submitted to the [OHA via their complaint portal](#). It's important to note that "complaints are subject to public disclosure under Oregon's Public Records Law. If you are concerned about your privacy or safety, Oregon Psilocybin Services will make efforts to keep your identity confidential to the extent permitted by law."

Power Dynamics and Accountability

What is your role during the administration session? Can you talk to me about what you believe your role is in the healing process? Can you share your thoughts on how you will address the power dynamics in the facilitator client relationship?

RATIONALE FOR THE QUESTIONS + ANSWERS THAT MAY RAISE RED FLAGS

No one heals you but you. A facilitator may support you in your healing exploration, and some may share insights with you and offer reflections or even advice on directions you may take on that journey. But ultimately you and only you have the power to heal. A facilitator should acknowledge this humbly and wholeheartedly.

Additionally, the Oregon psilocybin program is a nondirective model. [Nondirective](#) means "a means a client-centered approach to facilitation in which the client makes decisions related to their participation in psilocybin services and the facilitator maintains a consistent disposition with a client, while avoiding giving the client direct advice or offering an interpretation of a client's statements, behaviors or needs unless appropriate for health and safety reasons. Nondirective facilitation does not prohibit a facilitator from offering options, resources, referrals or providing health and safety support to clients within their scope of practice".

Spiritual, Religious, and Cultural Beliefs

Do you consider yourself a shaman? If so, what does that term mean to you, and who authorized you to use that term? Do you intend to employ any personal, spiritual, or cultural practices (including indigenous methodologies) during my session, i.e smudging, chanting, instruments, singing? Will you bring any of your personal belief systems around religion or spirituality into our session and if so how will that show up in our session?

RATIONALE FOR THE QUESTIONS + ANSWERS THAT MAY RAISE RED FLAGS

It should be concerning if a person describes themselves as a shaman and is neither Indigenous nor has trained with an indigenous person who has authorized them to use the term shaman. Such a person is not only engaging in cultural appropriation, but may also have an inflated sense of themselves and their role in the

healing process. Also, it is important to have your own personal boundary on what feels appropriate for you around spiritual or cultural practices during your session.

Are you part of a network of facilitators? Are there systems of accountability within that network? Who holds you accountable?

RATIONALE FOR THE QUESTIONS + ANSWERS THAT MAY RAISE RED FLAGS

A system of accountability is imperative for discouraging inappropriate conduct.

Can you share your thoughts on power dynamics within the facilitator-client relationship? What steps do you take to ensure that this dynamic does not lead to abuse or exploitation?

RATIONALE FOR THE QUESTIONS + ANSWERS THAT MAY RAISE RED FLAGS

The power imbalance between a facilitator and a client is significant, and a facilitator should have devoted considerable thought to this issue and how to ensure that it does not lead to unethical outcomes.

Contraindications

Are you familiar with the contraindications for the substances I'm about to take? Do you regularly review the scientific literature for updated research about those contraindications? If not, do you have a recommendation of a doctor with whom I can follow up for further discussion?

RATIONALE FOR THE QUESTIONS + ANSWERS THAT MAY RAISE RED FLAGS

Psilocybin has different contraindications, including certain medical conditions and medications. The [Client Information Form](#) lists a series of things which you should discuss with a medical or mental health professional before participating in a psilocybin session. Your facilitator should be familiar with these. Some service centers have medical doctors or nurses on staff that will look at your medical file to see if there are any contraindications. You can also ask your facilitator if they have a recommendation for a medical or mental health professional you can speak to that is familiar with psilocybin. For more information, see our section on [Mental Health, Family History, and Medical Considerations](#) (see page 9).



Catch-all Questions

Is there anything that we haven't discussed that you think is relevant to me evaluating whether you are a good fit for me as a facilitator? If you were a client asking these questions, what else would you want to know that we haven't touched on yet? What is your reaction to me discussing these questions with you?

10 Warning Signs When Selecting a Licensed Psilocybin Facilitator in Oregon

Please see the disclaimer at the top of the “Client Safety and Questions to Discuss with a Prospective Licensed Psilocybin Facilitator in Oregon” section as this resource has been adapted by the Healing Advocacy Fund as an additional resource, with permission and in partnership from original materials created by Joshua White ([Fireside Project](#)) and Juliana Mulligan (Inner Vision Ibogaine), to include information on Oregon’s state regulated psilocybin program. Original materials can be [found here](#).

Through our own experiences in working with the psychedelic community, we have gained a glimpse of how and when issues and problems may arise in the psychedelic experience. While the Oregon program has put safeguards in place, the possibility of misconduct still exists. Since HAF is not a direct service organization, we have worked with the [Fireside Project](#), a non-profit that provides free, confidential support to people in the midst of psychedelic experiences. As a part of their work, they have received multiple calls from people describing inappropriate conduct by their facilitator. [Inner Vision Ibogaine](#), an ibogaine treatment integration provider and ibogaine consulting service, has also heard reports of misconduct in the psychedelic space and think that the lack of guidance and support around these issues requires urgent attention.

In response to this concerning trend, HAF and the Fireside Project put together this list of ten warning signs when selecting a facilitator. There is also a detailed list of [questions to discuss with a prospective facilitator](#). The questions are designed to be as granular and practical as possible—you can literally read them to your prospective facilitator, take notes on their responses, then discuss the notes with a trusted, knowledgeable friend.

Without further ado, here are the ten warning signs:

1

Allegations have been made about their inappropriate behavior.

You should always thoroughly research a prospective facilitator. This research should include internet research, publicly available court websites for current or past lawsuits, and asking trusted friends and community members.

The Oregon Health Authority (OHA) is the licensing body for psilocybin facilitators in Oregon. Ensure that your prospective facilitator has an active license that has not been suspended by searching the [License and Worker Permit database](#).

Some facilitators may be licensed professionals such as therapists, doctors, nurses, massage therapists, and social workers. Many of these professionals must maintain active licenses, and their licensing authorities keep databases—some of which are available online—about sustained allegations of misconduct. Before deciding on a facilitator, learn their disciplinary history.

2

They refuse to promise that they will never have sexual contact with you EVER under any circumstances, whether during or after the psilocybin experience.

In the Oregon psilocybin program rules for facilitator conduct state that “facilitators may provide supportive touch during administration sessions when requested by the client and with the client’s prior written consent. Supportive touch is limited to hugs or placing hands on a client’s hands, feet or shoulders. A facilitator shall not use any other forms of touch, nor permit another person to use any other form of touch during an administration session.” Your facilitator is required to discuss the use of supported touch, if any, during your preparation session. Any touch outside of this is a violation of the rules.

A psychedelic facilitator should not have sexual contact with someone for whom they have facilitated a psychedelic experience. This includes sexual contact DURING a psychedelic experience as well as AFTER that experience. Oregon rules state that, “**A facilitator shall not engage in any romantic relationships, sexual contact, or sexual intimacy with clients, or clients’ partners or immediate family members, for a period of one year following the last date that the facilitator provided psilocybin services to the client.**” A prospective facilitator should also be willing to tell you whether they have ever done so in the past. If they have, this is an abuse of power and a major ethical transgression. This is true even if the facilitator tells you that their client initiated the sexual contact.

3

They do not initiate a detailed discussion during your preparation session regarding physical contact during the experience.

In Oregon, touch is only allowed if there is an explicit conversation and written consent given prior to the administration session. Even with that consent, within the Oregon rules “supportive touch is limited to hugs or placing hands on a client’s hands, feet or shoulders.”

Facilitators are required to discuss the option of supportive touch during your preparation session (which is required to happen at least 24 hours prior to your psilocybin session, but no more than 90 days prior).

For example, they should ask you if you’re okay with touches on your shoulders or feet, and with hugging. They should promise you that the agreements you make on that day will be held sacrosanct during the psilocybin experience. In other words, during that experience, you are incapable of moral consent, and therefore, a request from you for physical contact not agreed upon beforehand is meaningless, and the facilitator should tactfully refuse it.

Likewise, a facilitator should assure you that they will not attempt any physical contact that you did not consent to beforehand, regardless of what arises in the moment during the journey.

4

They do not ask about contraindicated conditions or medications.

As of October 2023, there are three medical/mental health related items that disqualify a person from participating in the Oregon psilocybin program that includes: 1) Taking the prescription Lithium in the past 30 days, 2) having **thoughts of causing harm**, or wanting to cause harm, to self or others, or 3) Having been diagnosed with **active psychosis** or treated for active psychosis (see the [Client Information Form](#) for more information). Although those are the only ones that specifically forbid people to participate in the Oregon program, there are also other medical and mental health considerations.

Because psychedelics have been illegal for over 50 years in many places, there is a dearth of research on who should or should not consume them. Scientists are starting to learn about contraindicated medical conditions and medications, but the research is still in the early days. Your facilitator should affirmatively raise this with you, should be aware of the latest research, and also be frank with you about the limits of Western medical knowledge.

If you mention a particular medical condition such as a heart condition, an ethical facilitator would acknowledge the limits of their own knowledge and potentially refer you to a medical doctor for further discussion. Of course, be wary of someone who is not a medical doctor dispensing purported medical knowledge.

To find out more about medical and mental health considerations, see our resource on [“Mental Health, Family History, and Medical Considerations.”](#)

5

They are not trauma-informed.

Even if your facilitator isn't a clinician, they should have done some form of trauma-informed training and have knowledge of how adverse childhood experiences might affect a person's behaviors and beliefs. For example, if you are a person of color and/or LGBTQIA+, you may want to choose a facilitator who has training and experience working with people of similar identities and supporting them in the processing of trauma that people with those identities may experience. Regardless, some people may feel more comfortable working with a facilitator who shares aspects of their identity.

6

They don't engage in a balanced, evidence-based discussion about dosage.

More psilocybin doesn't necessarily mean a better or more profound experience. Adverse events (i.e. any adverse reaction during or after a psychedelic experience requiring psychiatric, medical, or psychological care, such as suicidal ideation, suicidality, panic attacks, Hallucinogen Persisting Perception Disorder (HPPD), toxicity, psychotic episodes, overdose, cardiovascular disease and hypertension) are more likely to occur with higher doses of psilocybin. It is important to note that the threshold for what constitutes a "high dose" can vary from person to person due to individual differences in sensitivity and tolerance.

In Oregon, the maximum dose someone can take during their administration is a total of 50mg of psilocybin analyte. Clinical trials and research settings generally consider 25 mg to 30 mg of psilocybin analyte to be a high dose. Additionally, the set and setting (the individual's mindset and the physical environment) play a significant role in determining how an individual responds to a particular dose.

Clients should discuss dosage with their facilitator during the preparation session. Facilitators should notify clients that the risks and benefits of consuming doses greater than 35 mg of psilocybin analyte are unknown. They should also let clients know that potency testing is in its very early stages, is not an exact science, and that there is still a lot to learn about psychoactive components of psilocybin mushrooms.

In Oregon, all psilocybin comes from licensed manufacturers regulated by the OHA. After the preparation session and prior to the administration session, clients will have an opportunity to see the labeled product which includes the manufacturer name and license number, type of product, net quantity of contents, milligrams of psilocybin analyte, ID number, and best by date. Clients should ask the service center representative if there's additional information provided from the manufacturer or testing labs that may impact the potency of the product.

7

They don't have an effective plan in place for medical or mental health emergencies.

Facilitators are required by Oregon state law to review certain topics during your preparation session (see the full list of [preparation session requirements](#) here). Here are a few of the key topics your facilitator is required to discuss:

- [Client Transportation Plan](#)
- [Client Safety and Support Plan](#)
- The use of [supportive touch](#), if any
- [Client Bill of Rights](#)
- [Informed Consent](#)
- [Client Medication and Medical/Assistive Device Form](#)

If your facilitator does not bring up these topics, it is both a violation of Oregon law and should be considered a red flag.

8

They have an inflated sense of their own role in the healing process.

No one heals you but you. A facilitator may support you in your healing process, and some facilitators may share their insights with you and offer reflections or even advice. But ultimately you and only you have the power to heal yourself. It is a red flag if a facilitator does not acknowledge this humbly and wholeheartedly.

The Oregon psilocybin program requires facilitators to use a [non-directive](#) approach, meaning it is supportive, but the facilitator will not guide you or your experience. They are required to avoid “giving the client direct advice or directly interpreting a client’s statements, behaviors or needs unless appropriate for health and safety reasons.”

It should also be concerning if they describe themselves as a shaman and are neither Indigenous nor have they trained with an Indigenous person who has authorized them to use the term shaman. At a minimum, this is cultural appropriation. It may also suggest an inflated sense of their own role in the healing process.

9

They lack rigorous education and training, and aren't part of a community of facilitators.

The training required for psilocybin facilitators in Oregon is a baseline. Begin by making sure that your facilitator has an active license by checking the [Oregon state Licensee Directory](#).

People bring a range of history and experience to the table and some may have additional mental health licenses or have trained with Indigenous communities. Facilitating with psilocybin involves being responsible for vulnerable individuals with a spectrum of potential concerns, ranging from medical to spiritual to psychological. This requires a comprehensive understanding and preparedness to deal with a variety of reactions, traumas, and emergencies.

Ask your facilitator about their individual licensed psilocybin training program, any additional training or experience outside of their state regulated training program that they bring including supervision and feedback from a mentor.

Even after a facilitator completes their training and becomes licensed in Oregon, they should still be part of a community of facilitators from whom they can continue to learn and who can hold them accountable if needed. In other words, use caution around a “lone wolf” facilitator who has no peers, no community, and is not part of any system, however informal, for accountability and continued learning.

10

Your intuition tells you that something is off.

As you do your due diligence about your prospective facilitator, trust your intuition. If something feels off, then it probably is. Even if you can't quite articulate what seems awry, honor that voice inside of you.



If you believe that you were the victim of misconduct by a facilitator or service center, you can [file a complaint with the Oregon Health Authority](#) and if your complaint is connected to criminal activity, you can contact law enforcement.

Helpful resources for people who may have been the victim of facilitator misconduct include [Shine Collective](#).

A Final Note:

Psilocybin services have the potential to provide great benefits to individuals, but they are not for everyone and not without risk. The state-regulated Oregon Psilocybin Services program helps minimize those risks and provides additional safety measures. We encourage all prospective psilocybin clients to educate themselves on the Oregon program and to weigh the different considerations as to whether psilocybin may be a good fit for them or not. This guide is an introductory guide into those topics. We encourage all prospective clients to also reach out to their medical or mental health providers with additional questions.

Contributors

Thank you to the following individuals who contributed their expertise, insight, and feedback in the creation of the “Oregon Psilocybin Service: A Client Guide.” We are grateful for their dedication and work to create a safe, state-regulated psilocybin program in Oregon.

Alexandre Lehmann, Ph.D.

Josiah Laughlin, BSN, RN, DNP-PMHNP Student

Heidi Pendergast

Healing Advocacy Fund, Oregon Director

Joshua White

Founder & Executive Director, Fireside Project

Juliana Mulligan, LMSW

Inner Vision Ibogaine

Matthew Hicks, ND, MS, CPTR

Founder & CEO Synaptic Integrative Mental Health Services and Entheogenic Medicine Training Programs

Seth Mehr, MD

Founder, Cascade Psychedelic Medicine

Health and Safety Director, InnerTrek Psilocybin Services

Steve Elfrink

Founder, OmTerra

Licensed Oregon Psilocybin Facilitator

Thomas Cody Swift, MFT

Riverstyx Foundation, Director

The “Healing Advocacy Fund: Oregon Psilocybin Services Client Guide” is a living document and we welcome feedback and input. Please contact us if you have thoughts, additions, or edits.

Appendix

Appendix A: Mental Health Conditions

If you have or have had any of the following mental health conditions, or have any mental health concerns, you should speak with a psychedelic-informed mental health provider for advice prior to accessing psilocybin services:

- Bipolar Disorder
- PTSD / C-PTSD / D-PTSD
- History of mania
- Schizophrenia
- Schizoaffective Disorder
- Schizophreniform Disorder
- Depression
- Anxiety
- Suicidal thoughts (Note: If you're having active thoughts of harming yourself or others, you do not currently qualify for Oregon's psilocybin program program)
- Suicide attempt
- Psychosis (Note: If you've ever been diagnosed with or treated for active psychosis, you do not currently qualify for Oregon's psilocybin program program)
- Delusional Disorder
- Any Dissociative disorder
- Any Personality disorder
- Previous psychiatric hospitalization
- Autism spectrum disorder
- Spiritual emergency
- Substance-induced Psychosis (Note: If you've ever been diagnosed with or treated for active psychosis, you do not currently qualify for Oregon's psilocybin program program)
- Substance-induced severe paranoia
- Self harm (e.g. cutting, bruising, hitting, burning)
- Substance Use Disorder or Substance withdrawal syndromes

Appendix B: Medical Conditions

The following is a list of medical conditions for which professional consultation is recommended prior to accessing psilocybin services. This list is intended to provide examples of conditions that may pose a higher risk of harm from a psilocybin experience. This is not a complete or exhaustive list.

- High blood pressure (e.g. readings >140/90)
- QTc interval prolongation (>450 ms)
- Angina
- Congestive Heart Failure
- History of cardiac arrest
- History of ventricular arrhythmia (V. Fib,V.Tach)
- History of aortic aneurysm or aortic dissection
- Coronary Artery Disease
- Congenital heart disease
- Cognitive impairment without decision-making capacity
- Acute intoxication or withdrawal symptoms
- Tachycardia (e.g. SVT)
- Arrhythmia (e.g. Atrial fibrillation)
- Valvular Heart Disease
- Cardiac Hypertrophy
- Eating disorders
- Dementia or Cognitive impairment
- History of cerebral aneurysm
- Seizure Disorders/Epilepsy
- History of Transient Ischemic Attack
- History of Stroke
- Spinal Cord Injury/Paralysis
- Liver disease or hepatitis
- Gastric outlet obstruction
- Severe kidney disease/Receiving dialysis
- Severe or uncontrolled hypertension
- Angle closure glaucoma
- Pregnant or planning on becoming pregnant
- Breast feeding
- Insulin dependent Diabetes Mellitus
- Hallucinogen Persisting Perception Disorder (HPPD)
- Addison's disease
- Mobility impairment (e.g. fall risk, wheelchair dependent)

Appendix C: Adverse Events Section References

- Carhart-Harris, R., Giribaldi, B., Watts, R., Baker-Jones, M., Murphy-Beiner, A., Murphy, R., Martell, J., Blemings, A., Erritzoe, D., & Nutt, D. J. (2021). Trial of Psilocybin versus Escitalopram for Depression. *The New England journal of medicine*, 384(15), 1402–1411. <https://doi.org/10.1056/NEJMoa2032994>
- Davis, A. K., Barrett, F. S., May, D. G., Cosimano, M. P., Sepeda, N. D., Johnson, M. W., Finan, P. H., & Griffiths, R. R. (2021). Effects of Psilocybin-Assisted Therapy on Major Depressive Disorder: A Randomized Clinical Trial. *JAMA psychiatry*, 78(5), 481–489. <https://doi.org/10.1001/jamapsychiatry.2020.3285>
- DeBattista, C., Dunlop, B. W., Eisen, K., Feifel, D., Forbes, M., ... Malievskaia, E. (2022). Single-Dose Psilocybin for a Treatment-Resistant Episode of Major Depression. *The New England journal of medicine*, 387(18), 1637–1648. <https://doi.org/10.1056/NEJMoa2206443>
- Evans, J., Robinson, O. C., Argyri, E. K., Suseelan, S., Murphy-Beiner, A., McAlpine, R., Luke, D., Michelle, K., & Prideaux, E. (2023). Extended difficulties following the use of psychedelic drugs: A mixed methods study. *PLoS One*, 18(10), e0293349. <https://doi.org/10.1371/journal.pone.0293349>
- Goodwin, G. M., Aaronson, S. T., Alvarez, O., Arden, P. C., Baker, A., Bennett, J. C., Bird, C., Blom, R. E., Brennan, C., Brusch, D., Burke, L., Campbell-Coker, K., Carhart-Harris, R., Cattell, J., Daniel, A., DeBattista, C., Dunlop, B. W., Eisen, K., Feifel, D., Forbes, M., ... Malievskaia, E. (2022). Single-Dose Psilocybin for a Treatment-Resistant Episode of Major Depression. *The New England journal of medicine*, 387(18), 1637–1648. <https://doi.org/10.1056/NEJMoa2206443>
- Johnson, M., Richards, W., & Griffiths, R. (2008). Human hallucinogen research: guidelines for safety. *Journal of psychopharmacology (Oxford, England)*, 22(6), 603–620. <https://doi.org/10.1177/0269881108093587>
- Kurtom, M., Henning, A., & Espiridion, E. D. (2019). Hallucinogen-persisting Perception Disorder in a 21-year-old Man. *Cureus*, 11(2), e4077. <https://doi.org/10.7759/cureus.4077>
- Malcolm, B., & Thomas, K. (2022). Serotonin toxicity of serotonergic psychedelics. *Psychopharmacology*, 239(6), 1881–1891. <https://doi.org/10.1007/s00213-021-05876-x>